

TWENTY-SIXTH REPORT
of the
LUNACY COMMISSION

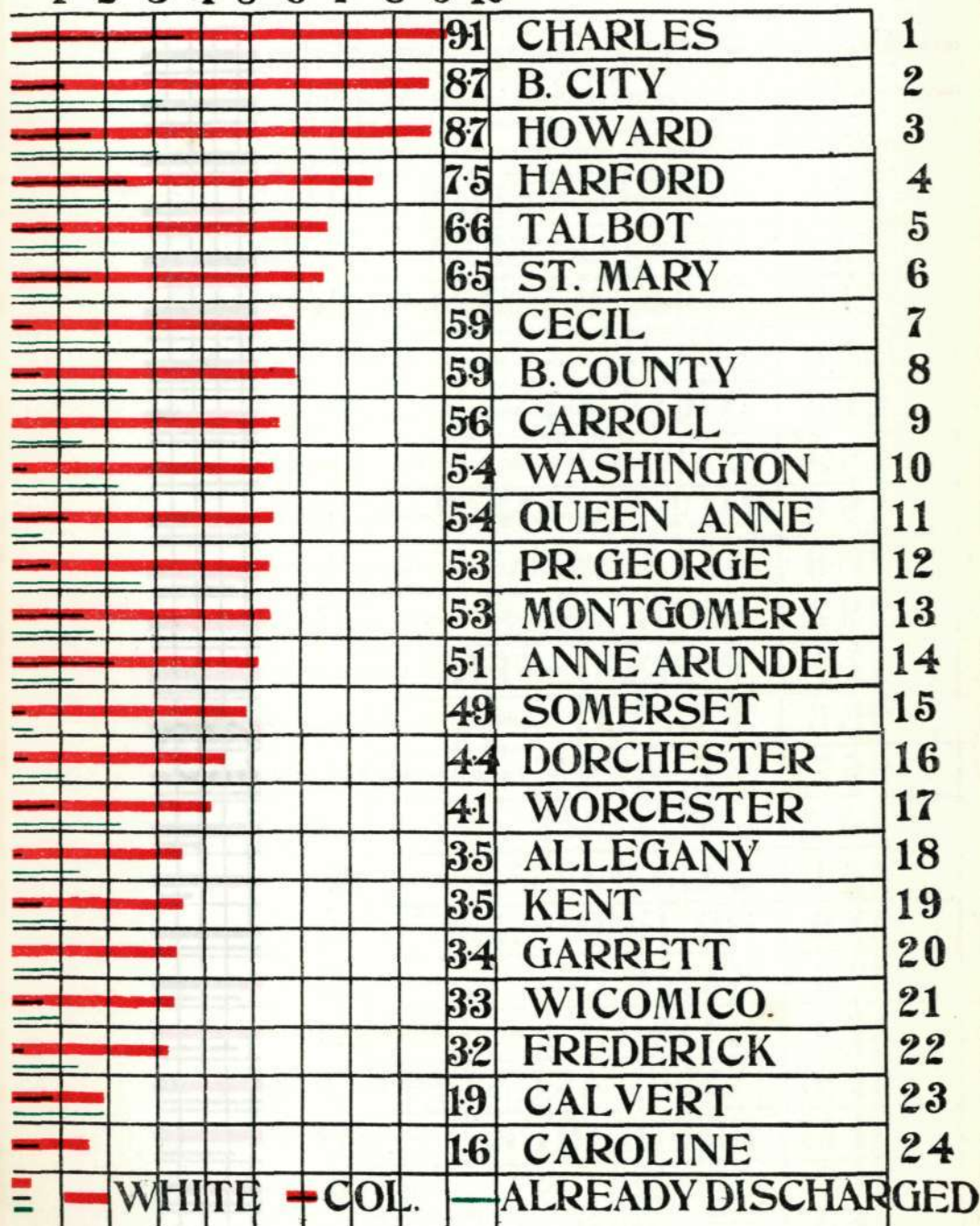


TO HIS EXCELLENCY
THE GOVERNOR OF MARYLAND
DECEMBER, 1911

ADMISSIONS PER 10,000 INHABITANTS

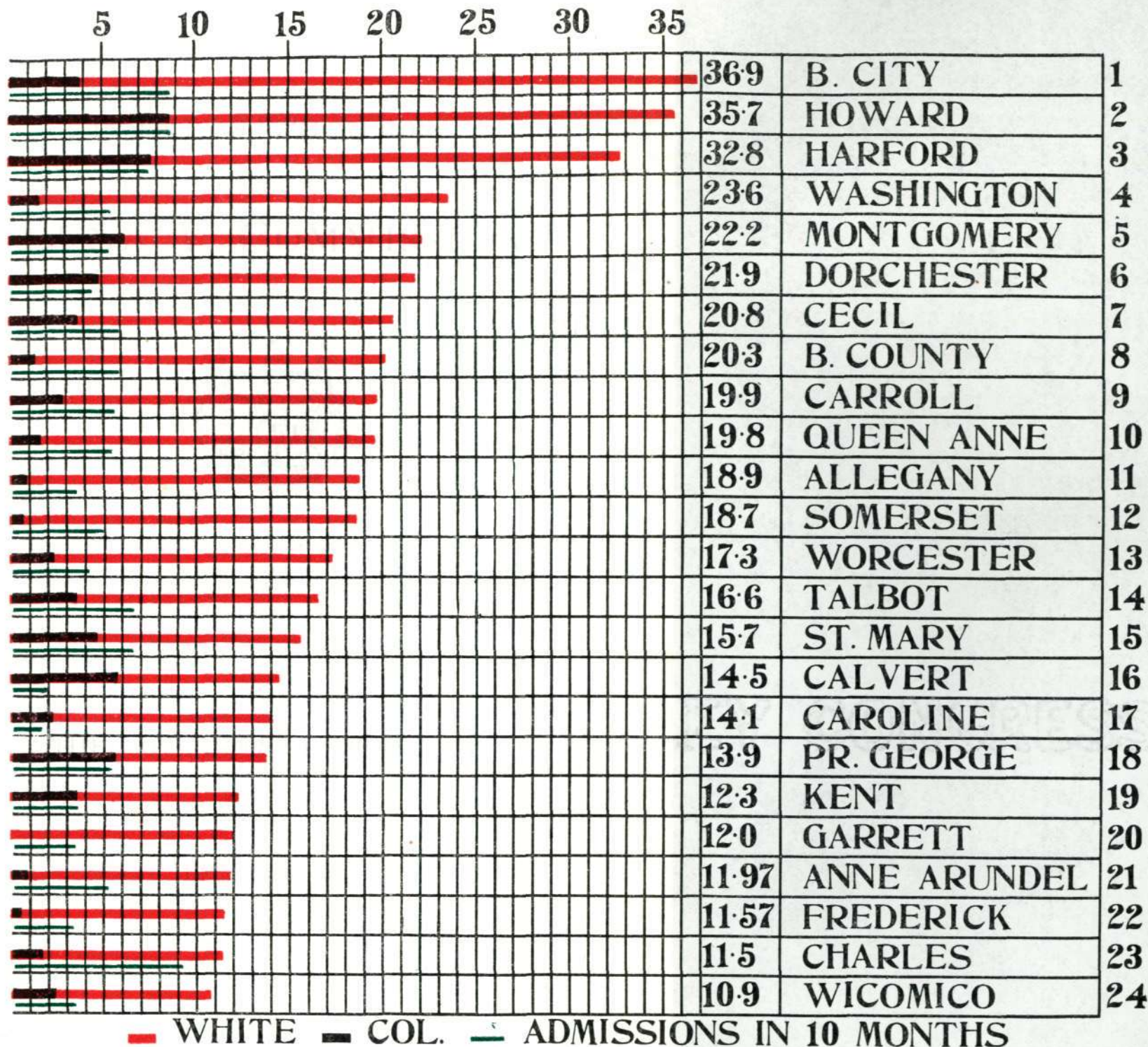
DEC 1, 1910 - SEPT. 30, 1911 [IN 10 MONTHS]

1 2 3 4 5 6 7 8 9 10



This chart analyzing the admissions gives the data for ten months, the red line the total ratio per 10,000, the black and red line the proportion of colored patients, and the green line the ratio of cases already discharged (recovered, improved or dead) within the same period, and no longer a burden to the State. It is, of course, necessary to continue this mode of tabulation a sufficient number of years to draw any reliable conclusions as to the permanent needs of a district. Charles county, for instance, may have risen to the highest place in part owing to the transfer to the State of a somewhat larger number of colored patients to the new colony; and it is necessary to inquire specifically into the reasons why Charles county has such a small number of patients under State care and stands next to the last county in that respect. This chart was prepared by Dr. Adolf Meyer from data furnished by the Lunacy Commission.

PATIENTS IN HOSPITALS PER 10,000 INHABITANTS



This chart shows the patients under State care in hospitals on October 31, 1911, and the ratio of admissions per 10,000 in ten months (in green) probably offers too optimistic a picture for those counties in which conditions permit the families to keep patients at home unless they become too difficult to deal with. A comparison of the two charts does, however, show along what lines the facts must be studied to get at the serious problem of where the most preventive and remedial work is needed. This chart was prepared by Dr. Adolf Meyer from data furnished by the Lunacy Commission.

TWENTY-SIXTH REPORT
OF THE
LUNACY COMMISSION

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CREATED BY AN ACT
OF THE
GENERAL ASSEMBLY OF MARYLAND
APRIL 7, 1886

TO HIS EXCELLENCY
THE GOVERNOR OF MARYLAND

DECEMBER, 1911

"THE CONVICTION that all mental diseases are incurable, that the insane are social refuse, a load for public beneficence and nothing more, is far too firmly rooted. This is the reason for the prevalent tendency to curb the development of asylums with principles of absurd economy. And where the apathy and scepticism of the doctors echo public indifference, want of enterprise and stagnation can lower asylum life below the average of the country. Therefore it is necessary that attention should not be diverted from asylums; that these should not be considered as inaccessible places; that relations of patients should be made acquainted with all that happens; this is the best method of combating the prejudice against insanity and asylums. Above all, it is necessary that the directors of our institutions should not maintain a passive and accommodating attitude towards the stinginess and incompetence of administrators, but ask in no uncertain voice for what is necessary, without weakness and without philanthropic or professional brag, if the wish is still entertained that our asylums should not become a disgrace to the country. Certain it is that such a programme is not always easily carried through, but this endeavor which is necessary for the improvement of our asylums will at the same time lead to the medical officers occupying a higher moral position."—*Lugares*.

THE LUNACY COMMISSION

STATE OF MARYLAND

President:

HUGH H. YOUNG, M.D.,
Baltimore, Md.

JOHN D. BLAKE, M.D.,
Baltimore, Md.

R. MARKLEY BLACK, M.D.,
Cecilton, Md.

HENRY M. HURD, M.D.,
Baltimore, Md.

Attorney-General (ex officio):

ISAAC LOBE STRAUS.

Secretary of the Commission:

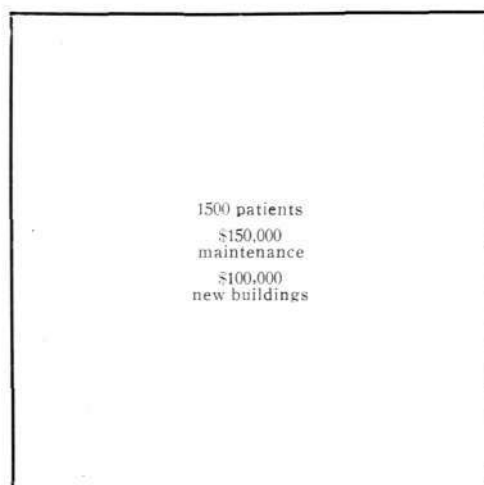
ARTHUR P. HERRING, M.D.

Address official communications to

THE STATE LUNACY COMMISSION,
330 North Charles Street,

BALTIMORE, MD.

Springfield State Hospital.



State pays \$100 per capita.

Maryland Hospital for the Insane.



State pays \$100 per capita.

Maryland Asylum and Training School.



Complete State Care.

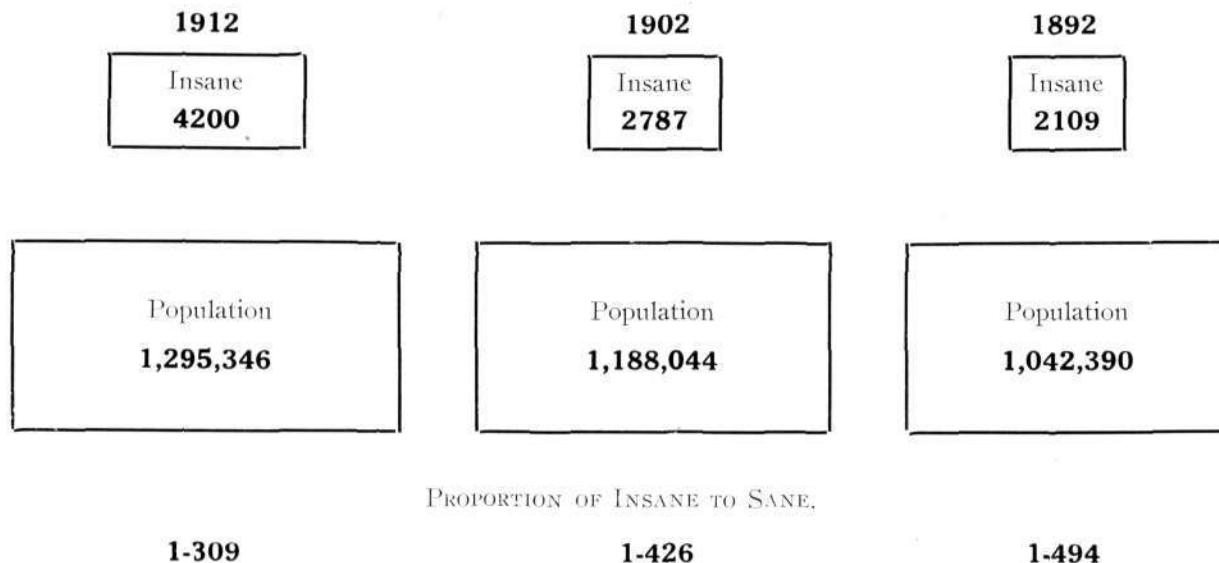
Maryland Hospital for Negro Insane.



State pays
\$100 per
capita.

Diagram showing relative size of hospitals for insane and feeble-minded in Maryland. The number of patients for 1913 and 1914 to be accommodated in buildings erected under the bond issue of 1910; also the amount of money required for new buildings and additional land to provide for the constantly-increasing number of insane and feeble-minded; also the yearly maintenance for each hospital under the revised lunacy laws, which fixes the rate to be paid by Baltimore city and the counties at \$100 for each patient.

DIAGRAM SHOWING THE INCREASE OF INSANE AND FEEBLE-MINDED IN MARYLAND DURING THE PAST
THIRTY YEARS, ACCORDING TO DECADES.



To His Excellency Austin L. Crothers,
Governor of Maryland.

The undersigned, members of the State Lunacy Commission, respectfully submit their twenty-sixth annual report for the year ending November 30, 1911, except on matters relating to general statistics, which covers a period of ten months ending September 30.

HUGH H. YOUNG,
JOHN D. BLAKE,
HENRY M. HURD,
R. MARKLEY BLACK,
ISAAC LOBE STRAUS.

December 1, 1911.

TWENTY-SIXTH REPORT OF THE LUNACY COMMISSION

REPORT OF THE SECRETARY.

TO THE MEMBERS OF THE LUNACY COMMISSION:

Gentlemen—I have the honor to submit the report of the work of this office for the fiscal year beginning December 1, 1910, and ending November 30, 1911. The statistics in this report are for a period of ten months, from December 1, 1910, to September 30, 1911. This change was made in order to have the statistical yearly report uniform for all of the State hospitals and the Commission.

The twenty-third and twenty-fifth reports of the Commission give in detail the condition of the various hospitals and asylums under its supervision. The twenty-fourth report was presented to the Maryland Legislature for 1910, and contained recommendations relative to State care. This report will follow somewhat the same plan, and will show the need of additional buildings for the constantly-increasing number of insane and feeble-minded in the State.

A summary of the insane population in the State, their distribution in State and corporate hospitals, private sanitarium and county asylums, with the cost of maintenance and new buildings for 1913 and 1914, is given in the following table:

Total number of insane in State, corporate and private institutions, county asylums, county homes on Sept. 30, 1911.....	3900
Waiting list, Supervisors of City Charities.....	78
Waiting list, Maryland Asylum and Training School.....	222
Total number of insane in Maryland, including 375 private out of State patients, September 30, 1911.....	4200
Patients in private institutions.....	626
Number of indigent insane in Maryland.....	3574
	4200
Number of insane in State hospitals.....	2086

LUNACY COMMISSION OF

Insane patients not in State hospitals.....	1488	
Insane patients who will be provided for by bond issue.....	865	
	<hr/>	623
Insane patients for whom no provision has been made in State hospitals	623	
Estimated average increase for 1913 and 1914.....	400	
	<hr/>	
Total number of insane who will have to be provided for by 1914.....		1023

(In speaking of insane, feeble-minded are included.)

Additional accommodations at the following institutions will be provided out of the \$600,000 bond issue:

Spring Grove, in new wing.....	100 patients.	
Springfield, 2 cottages at Women's Group and 2 cottages at Men's Group.....	400	"
Maryland Asylum and Training School, 2 dormitories.....	185	"
Hospital for the Negro Insane.....	180	"
	<hr/>	
Total	865	"

EASTERN SHORE PATIENTS.

Patients from Eastern Shore in Spring Grove	68	
Patients from Eastern Shore in Springfield	136	
Patients from Eastern Shore in Montevue	5	
Patients from Eastern Shore in Mount Hope.....	5	
Patients from Eastern Shore in Cecil County Asylum.....	30	
Patients from Eastern Shore in private sanitarium and Maryland Asylum and Training School.....	98	
	<hr/>	
Total number of patients from Eastern Shore.....	342	
Admissions from Eastern Shore during the year 1911.....	99	

CITY PATIENTS NOT IN STATE INSTITUTIONS.

Mount Hope Retreat.....	250	
Bay View Asylum.....	477	
Number on waiting list of Supervisors.....	78	
Number on waiting list of Maryland Asylum and Training School	160	
	<hr/>	
Total number of city patients not in State institutions.....		965

COUNTY PATIENTS NOT IN STATE INSTITUTIONS.

Mount Hope Retreat.....	76	
County asylums and county homes.....	385	
	<hr/>	
Not in State institutions.....	461	
Waiting list of Maryland Asylum and Training School.....	62	
	<hr/>	
Total number of county patients not in State institutions....	523	
	<hr/>	
Total number of insane not in State institutions.....		1488

MAINTENANCE FOR INSANE AND FEEBLE-MINDED IN
STATE HOSPITALS.

SPRINGFIELD STATE HOSPITAL.			
1500 patients at \$100.....	\$150,000	1913	
1500 patients at \$100.....	150,000	1914	
MARYLAND HOSPITAL FOR THE INSANE.			
711 patients at \$100.....	\$71,000	1913	
711 patients at \$100.....	71,000	1914	
MARYLAND ASYLUM AND TRAINING SCHOOL. (Complete State Care.)			
500 patients at \$144.....	\$72,000	1913	
525 patients at \$144.....	77,000	1914	
Continuing annual appropriation.....	13,000		
MARYLAND HOSPITAL FOR THE NEGRO INSANE.			
250 patients at \$100.....	\$25,000	1913	
250 patients at \$100.....	25,000	1914	
Total for maintenance.....	\$654,000		

NEW BUILDINGS.

SPRINGFIELD STATE HOSPITAL.			
Erecting new dining-room at Women's Group.....	\$40,000		
Colony for insane epileptics.....	50,000		
Insurance for 1913.....	2,000		
Insurance for 1914.....	2,000		
Ordinary repairs and improvements.....	10,000	1913	
Ordinary repairs and improvements.....	10,000	1914	
	\$114,000		
MARYLAND HOSPITAL FOR THE INSANE.			
Erecting farm colony for 100 patients and infirmary building for 80 patients.....	\$100,000		
MARYLAND HOSPITAL FOR THE NEGRO INSANE.			
Erecting future buildings, 200 patients.....	\$161,000		
MARYLAND ASYLUM AND TRAINING SCHOOL.			
Additional land and one new building.....	\$100,000		
NEW HOSPITAL ON EASTERN SHORE.			
Building and land.....	\$225,000		
Total for new buildings, including land, etc.....	\$700,000		

MEETINGS OF THE LUNACY COMMISSION.

The Commission has held regular monthly meetings during the year, except the months of June, July and August, when most of the members were out of the city. The semi-annual meetings were held in May and October. The meeting in May was at Springfield State Hospital in conjunction with the Maryland Psychiatric Society, and the following papers were presented for discussion:

1. "The Medical Service of State Hospitals," Dr. Henry M. Hurd.
2. "The Employment and Recreation of Patients." Dr. J. Percy Wade.
3. "After-care from An Economic Standpoint," Dr. Adolf Meyer.

The meeting in November, also in conjunction with the Maryland Psychiatric Society, was held at the Sheppard and Enoch Pratt Hospital, and the following subject presented by Dr. E. N. Brush: "The Organization of Hospitals for the Insane and the Method of Purchasing Supplies."

The transactions of the meeting will appear in the January, 1912, issue of the *Maryland Psychiatric Quarterly*.

CORRESPONDENCE, GENERAL AND WITH PATIENTS.

Numerous letters have been received from patients in the various institutions. Their requests have received prompt and careful attention, and the letters placed on file. In nearly every instance it was found, upon investigation, that the patient should remain under treatment.

Reports from the various hospitals and boards of control are received and placed on file. Valuable data relating to the occupation and diversion of patients, the sterilization bills of several States, the colonization of epileptics and alcoholics has been received. The reports and correspondence relating to the above subjects are always at the disposal of those interested.

VISITS TO INSTITUTIONS.

The Secretary has visited the State, corporate and private institutions, county asylums, county homes and county jails in the various counties throughout the State during the past year.

The Secretary, in company with Col. Thomas Ewell, the State Fire Marshall, visited the Sheppard and Enoch Pratt Hospital, Mt. Hope Retreat and the Maryland Hospital for the Insane in reference to their fire protection. Additional fire escapes were suggested by the Fire Marshal, and have been erected.

In company with Dr. R. P. Winterode, superintendent of the Maryland Hospital for the Negro Insane, the Secretary visited hospitals for the insane and feeble-minded in Illinois, New York, Massachusetts, Virginia, and attended the meeting of the Medico-Psychological Association in Denver. Many important and practical suggestions were gained, which were helpful in arranging the plans for the new hospital.

TRANSFER OF PATIENTS FROM THE BALTIMORE CITY JAIL AND THE HOUSE OF CORRECTION.

The Commission has transferred three insane criminals from the House of Correction to State hospitals.

The Commission has transferred eleven insane persons from the Baltimore City Jail to Bayview Asylum, and refused the transfer of four prisoners from the jail on the grounds of insufficient evidence of insanity.

The interpretation of Assistant City Solicitor Wright of Section 144 of the City Charter to limit the power of transferring by the Jail Board to persons committed on the charge of drunkenness or disorderly conduct has materially increased the visits of the Commission to the jail, for the purpose of transferring insane prisoners. Under this ruling all magistrate's cases and prisoners committed for minor offenses who become insane and were heretofore transferred by the Jail Board must now be referred to this Commission. Sections 144 and 120-A of the City Charter appear somewhat confusing. It might be advisable to so amend these sections at the next session of the Legislature that the duties of the Jail Board and those of the Commission may be clearly defined.

INVESTIGATION OF SUICIDES AND SERIOUS INJURIES.

A prompt and thorough investigation was made by the Secretary of the following suicides and the details reported to the Commission at the monthly meeting. The reports are on file in this office. Whenever the facts are not entirely satisfactory, a report is made immediately to the members of the Commission, and a special meeting called for further investigation.

Mt. Hope Retreat:

F. E.—May 4. Suicide by jumping in front of train.

E. M.—August 20. Suicide by strangulation.

Maryland Hospital for the Insane:

L. B.—October 19. Suicide by cutting throat.

Sheppard and Enoch Pratt Hospital:

W. H.—September 30. Suicide by falling in front of automobile.

The above suicides were at once reported to the Commission by those in charge of the institution, and after a satisfactory investigation, in several instances in company with the coroner, it was determined that every possible safeguard had been provided, and that the death was unavoidable.

ESCAPES.

The following escapes, over 24 hours, were reported to this office:

Springfield State Hospital.....	1
Mt. Hope Retreat.....	2
Richard Gundry Home.....	1
Laurel Sanitarium.....	1
Bayview	4

NEW HISTORY FORMS.

In order to obtain uniform medical records in the various State hospitals, the Commission prepared a history blank which was submitted to the superintendents for adoption. These forms were



RE-EDUCATIONAL CLASS.

Outdoor exercises under the supervision of a Director of the Children's Playground Association at Bay View Asylum.



RE-EDUCATIONAL CLASS.
Occupational Class at Bay View Asylum. Patients making baskets of raffia.

printed at the Maryland Hospital for the Insane by patient labor, and have been in use in the State hospitals and Bayview Asylum during the past year.

A uniform filing system has been adopted, so that when patients are transferred from one State hospital to another, and the history sent with the patient, it can be filed away with the hospital records.

OCCUPATION AND RECREATION AS A MEANS OF TREATING THE INSANE IN STATE HOS- PITALS IN MARYLAND.

The diversional occupation of the insane in Maryland under the supervision of a special teacher was due to the initiative of the Maryland Psychiatric Society at a meeting held at the Laurel Sanitarium on July 18, 1911. The society decided to establish an experimental school at the Reception Hospital for the Insane at Bayview under the supervision of the Children's Playground Association, and pay a teacher for a period of seven weeks. The school was opened the early part of August by Miss Ellen K. Gross, a director in the Children's Playground Association, who conducted classes three afternoons a week. One hour was devoted to games and about two hours to basketry. In the main, the patients selected were those who ordinarily took no active part in the hospital life, and were considered to be undesirable as far as the routine work of the institution was concerned. During the school periods the superintendent, doctors and nurses from the various hospitals visited the class and were impressed with the good to be accomplished.

Following this, the work was introduced at the Springfield State Hospital by Dr. J. C. Clark, who appointed Miss Emma V. Horn as teacher; at the Maryland Hospital for the Insane by Dr. J. P. Wade, with Miss Gross in charge, who attends the Maryland Hospital three days a week and Bayview two days a week.

While the schools have only been in session about two months, a great deal of work has been accomplished, and an exhibit held during the State Conference of Charities and Corrections in November. The result of the efforts on the part of the directors is best expressed in their own words.

REPORT OF THE WORK AT BAYVIEW AND AT THE
MARYLAND HOSPITAL FOR THE INSANE.

By MISS ELLEN K. GROSS, Director.

"The re-educational work begun at Bayview during the summer was resumed on September 25. Two full days a week are now devoted to recreation and occupation. In the morning two hours are devoted to playing playground games, comprising simple folk dances and kindergarten games, and the simpler athletic games. Quite a growing interest and enthusiasm has been manifested here. At first the patients would simply go through some of the various motions of the game, imitating the instructor, who had to do practically all the singing by herself. Now they put more life and vim into the playing, sing quite well, and are quick to notice and correct any mistakes which a new scholar makes. This class numbers 20.

"In the afternoon three hours are devoted to basket-making. A few are able to work on their baskets only during the class period, as they need close observation. But 16 take their work on the ward with them, and so are occupied continually.

"The patients are visibly brighter and more cheerful, and have expressed themselves as appreciating and enjoying this activity. There are no new cases to be cited which show any marked improvement, but there is one case where this work has evidently acted as a preventive remedy. One case of a married girl of 16 years, a week after being admitted to the institution started in as a regular member of the class. Though normal, when left to mingle with the other patients of the ward she is very irritable. In class she is bright and cheerful, does good work and is a help to others. Several times she has said she was content to remain in the institution only as long as the games and basketry continued.

"Although occupation of patients has been a method employed for a number of years at the Maryland Hospital for the Insane, there are among the women some who, on account of their dispositions or physical infirmities, have had nothing definite with which to occupy their time. It is for such patients that the recreational and industrial classes inaugurated there on September 26 are especially designed. In addition to these, however, those who

have definite employment are allowed the privileges of the class activities whenever there is no conflict with their regular work. The classes are held three days a week, with a morning and afternoon session.

"Active recreation occupies a period of an hour and a half in the morning. At first simple folk dances and kindergarten games were tried, but as the patients did not seem to care for these, the program was changed after the first week. Now simple Swedish movements are used, and the simpler athletic games, such as 'catch and throw,' 'monkey ball,' 'drop the handkerchief' or 'two deep,' are played. At first it was necessary with some individuals for the instructor or nurse to go through the various movements individually with the patient. But now practically all of the regular class can execute unaided the commands given, although a few are slower than the rest in responding. During the last week a simple game of throwing and batting the ball has been played, preparatory to the teaching and playing of 'volley ball.' Up to the present time 30 patients have at one time or another taken an active part in this recreation, but the regular class is composed of only 16. The interest in this class is fairly good, as is illustrated by the fact that one elderly woman asked to be allowed to come, and though restricted in the use of one arm, took quite an active part.

"More interest and enthusiasm has been created by the industrial class, whose activities have been chiefly confined to making baskets. This class was originally composed of eight women, who came together three afternoons a week for a period of an hour and a half, working upon their baskets only while in class. The number thus occupied has grown to 40. About half of these come regularly to class, and also continue their work while on the ward. The rest come whenever their work in the sewing-room, kitchen or on the ward permits them to, and these also work on their baskets in any leisure time they have on the ward. Objectivity has been given to this work by encouraging the patients to make such articles for presents, for personal use or use in the class or on the ward. The idea of placing their productions on sale and thus making a small income for themselves appeals to others. In order to prevent the individual from becoming weary of one kind of work, two, who have finished several good baskets, at their own

request, are working upon something different. One is making a cardboard house, and the other is crocheting a rag rug.

"Another kind of recreation has been more recently instituted in the form of a walk after the industrial class. This has been very much appreciated and enjoyed. On patient, Mrs. H., who is usually very talkative, dwelling continually on her delusions, was allowed to go, on the condition that she would remain quiet. During this walk, and subsequent ones, she has behaved very well.

"The general result of this whole activity has been to produce among the 47 patients touched more contentment and pleasure in their life in the hospital. There are a number of cases where marked improvement in their mental condition will be seen when this work is continued a little longer. Two instances are quoted where definite results in an improved mental state have been noted.

"S. S., a girl of 27 years. Diagnosis, dementia praecox, hebephrenic type, duration six years. In April, 1911, she was taken with a fourth attack, having recovered from the first two attacks, but having been peculiar since the third one. She was admitted July 10, 1911. She was restless and untidy, and had strong delusions and hallucinations. She would laugh in a silly way without cause, and did not sleep well, because, she said, something flew in her face continually. On September 26 she joined in the games with only a slight amount of interest. On October 3 she was brought to the basketry class and started to work. Within two weeks she had become quiet and tidy, her conversation and actions were apparently normal, and she was able to sleep well.

"Mrs. B., aged 46. Diagnosis, manic-depressive, duration one year. Admitted May 31, 1911. Mildly depressed on entering; later became excited. Since admission there was alternation between periods of exultation, when she was silly and excited, and would undress on the hall; and periods of depressions when she was stupid, refused to talk and had to be dressed and fed. Between such periods there would be a normal period of two or three days. She had refused to work in the sewing-room or vegetable kitchen. On September 26, though in rather excited condition, she was brought to the recreation class, and immediately took an active part. In the afternoon she was started on a basket, but accomplished little, on account of her persistence in talking. She

was evidently interested and eager to work, and continued to come to both classes. After she had learned sufficiently she was allowed to take her basket on the ward. At the end of three weeks, during which time there was noticed a gradual improvement, she had become quiet and orderly, did not have to be fed, and was able to sleep well. Her idleness has been replaced by industry on the ward."

REPORT OF THE RE-EDUCATIONAL CLASS AT THE SPRINGFIELD STATE HOSPITAL.

By MISS EMMA V. HORN, *Director*.

The class in diversional occupation was formed on October 2, 1911, with a membership of eight. The idea of work as a recreation came as a surprise to the patients at Springfield, and was first viewed with suspicion—suspicion as to the motive of the teacher, together with doubt of their own ability to learn. Housework, as a duty, does not appeal to the average patient, and is performed with rather poor grace, so that work as a recreation and occupation aroused curiosity tempered with suspicion.

The first task set was the construction of some article in raffia, preferably a basket, the size and design of which was left to the patient's choice and originality, and soon all members of the class were busily engaged with needle and raffia.

On the second day the number of workers had increased to 10, and by October 25 there were as many as 30, this being the largest actual attendance; some worked on the wards, and some, not caring to sit among other patients, worked out of doors.

By degrees the simple forms of handiwork, such as the making of bean bags, knitting on spools, making rag dolls, weaving on pasteboard, hand looms and stencilling, have been added to the list, all of which have served to hold the interest and attention of the patients.

About 65 patients have so far been reached, either through the industrial morning class or the afternoon session, which is devoted to games or walks, or occasionally both.

In the beginning there was a strong disposition to air troubles and complaints in the class, but the firm intimation that trouble

would be heard at another hour brought about a marked improvement in behavior.

The weaving of a pattern into a raffia basket is an absorbing task, and one calculated to hold the attention of both mind and eye. Commentation and story-telling are encouraged during the hours of work, as are also recitations. One patient has recited a poem learned years ago. The audience showed its interest by prompting the performer at critical times and liberally applauding the effort. Another was inspired to compose a class poem to be sung to the tune of "Onward, Christian Soldiers," and in which were set forth the advantages of recreation in combined work and play.

CLASS GAME SONG.

Making Indian baskets,
Like the Indian squaw;
Jolly class of workers,
Hurrah! Hurrah! Hurrah!

Sweet and charming teacher,
Won each worker's heart;
May success attend her,
Bless her useful art!

Cheering one another,
While we sew and play;
Helpful recreation,
Pleasure every day!

Crown her Queen of Honor,
Guard her with our love;
Wave the starry banner,
Watch the stars above.

Kneeling down before her,
Smile away the frown;
Light and peace we give her,
Strength to win the crown.

Upward, onward marching,
Hand in hand are bound
Laws of love obeying
Trust! each one is crowned.

—*Brooke MacGregor.*

EXPLANATIONS TO THE "CLASS GAME SONG."

Sing to the tune of "Onward, Christian Soldiers." Leader or a Queen and Maid of Honor. Class form circle. Two in center of circle, class sitting around. Sewing gesture, then clap hands. Rise. Bow, with hand over heart, to "teacher." Raise right hand "Success" (Blessing) both hands forward gracefully. Join hands in circle. March around. (Crown and garland of raffia, U. S. flag.) Maid of Honor in ring crowns Queen. Places garland over shoulder. Gives her a flag to wave. All look at "stars." Maid of Honor joins circle. All kneel to Queen.

Rise. March in circle. Join hands. Queen chooses another to be crowned. New Queen at once chooses her maid of Honor. First Queen joins circle after giving crown to Maid of Honor. Game continues.

(Game and song originated and written by a patient in the Recreation Class at the Springfield State Hospital.)

One little patient (diagnosis, *denementia praecox*), age 21, admitted April 17, 1911, was started to work at the beginning of the class; was interested and diligent until the first basket was completed, when she showed a preference to work alone, later refusing to do anything for several days but sleep or lie at full length on a bench in a dark corner; was then urged into class, never coming alone, so the second product was accomplished under difficulties. There has since been a gradual improvement, and the patient now attends voluntarily, when she is not sent to the kitchen to prepare vegetables, and a third basket is nearing completion. She criticizes her first efforts, and expresses hope of improvement. While unwilling to start, she always enjoys a walk or a game when once out.

Another of the same type, admitted August 10, 1911, aged 22,

was brought to basketry October 25. She had been sitting on the ward, absolutely idle day in and day out, refused to meet one's gaze and to answer any sort of question.

Given a started basket, she has worked splendidly and constantly, but only now finishing a not very large basket, but excellent in firmness and shape. She is less wooden in expression, responds to civilities and takes walks and an active part in games, where at first she merely stood through them.

Still another dementia praecox, age 22, admitted May 13, 1911, started on a basket November 6 with rather indifferent results, though patient tried to work. Often lets work drop into lap; stares straight ahead; untidy in appearance; anemic; never speaks.

In ring games pays no attention, but when engaged in a game of bean bag was alert, laughed and, when after some time asked if tired, said she liked the game and wanted to continue playing.

One girl (diagnosis, dementia praecox) was transferred from well-behaved to bad ward, because she tore her clothing. Given materials, she made a doll, but after several weeks' labor, with the result that her dress is now intact and no longer needs visit the mending-room. From walks, she has progressed to the ball games, in which she displays a lively interest.

The reading of "Mrs. Wiggs of the Cabbage Patch" proved a marked success. All of the class listened eagerly while working, and took part in discussing the story at the conclusion of the reading. One woman, who always sewed alone in her room, announced, "I came over this morning just to hear the story. I want to know how the Wiggsses enjoyed the theater party." But she did more than listen to the story, busying herself to the end of the period.

One other patient (paranoiac), who had visited the workroom at intervals and sat idly about, as she said her eyes would admit of no strain, came constantly while the story was being read, and was induced to wrap scraps of raffia to form a pin-cushion, and had so pleasant a time that now she is in regular attendance, is interested in four-strand braiding and assists in any simple tasks when requested to. She also wanders into the games in the afternoon, and is a cheerful participant.

During the afternoon, in the earlier fall, walking parties were

organized, but the interest in construction was so great that the patients carried their weaving or other work along, using the intervals of rest to ply the needle.

Among the various games tried, bean bag and various ones of ball have proved more popular than ring games.

About 60 baskets, along with sundry other creations, have been completed.

So far, the net results have been most encouraging, in spite of the relatively small number of patients reached, but there can be no doubt of the substantial gain to the patients affected.

The practical difficulty in extending the work at present lies in the fewness of nurses and in the frequent changes in the nursing force.

It has been impossible, for this reason, to carry the work among the lower grade and less quiet patients. All thus far have been accomplished single-handed in little more than a month, and at times has entailed rather strenuous efforts.

TENTATIVE PLANS FOR THE RE-EDUCATION OF THE INSANE IN STATE HOSPITALS.

1. The teacher to keep a card index of patients attending class.
2. The data on card to show name of patient and hospital, date when entering class, diagnosis and brief abstract of patient's condition. Daily or weekly notes to be made by teacher of patient's interest or lack of interest in work or play.
3. The teacher to give a series of talks and demonstrations to nurses on the occupation of the insane.
4. Each piece of work done by a patient to be numbered and dated, and name of patient to be securely attached to the article.
5. Groups of patients might be classed into (1) disturbed, (2) depressed, (3) demented, and occupation and recreation selected suitable for each group.
6. The groups to be engaged concurrently or separately, as experience teaches most desirable.

7. Several unfavorable patients from each group to be selected for special observation by the doctor in charge.
8. One or more nurses to be present at the class who show special aptitude for the work.
9. The teacher should endeavor to make the class as interesting and attractive as possible, being careful never to let the work or play become monotonous or tiresome to patients.
10. The teacher should plan "Occasions" for the patients, which would act as an incentive for continued interest.

SUMMARY OF STATISTICS.

Remaining under care November 30, 1910:

State hospitals.....	1,923
Private sanitaria.....	959
Asylums	902
County homes.....	77

 Total 3,861

Remaining under care September 30, 1911:

State hospitals.....	2,051
Private sanitaria.....	952
Asylums	849
County homes.....	48

 Total 3,900

Number of insane to the population in 1910.....1 to 336

Number of insane to the population in 1911.....1 to 309

Total increase during the past 10 years of.....1228

Total number of recoveries in 1910.....405

Total number of recoveries in 1911 (10 months).... 311

Percentage of recoveries to all admissions, 1910.....26. %

Percentage of recoveries to all admissions, 1911 (10 mo.)..24.6%

Percentage of recoveries of entire insane population, 1910..10.4%

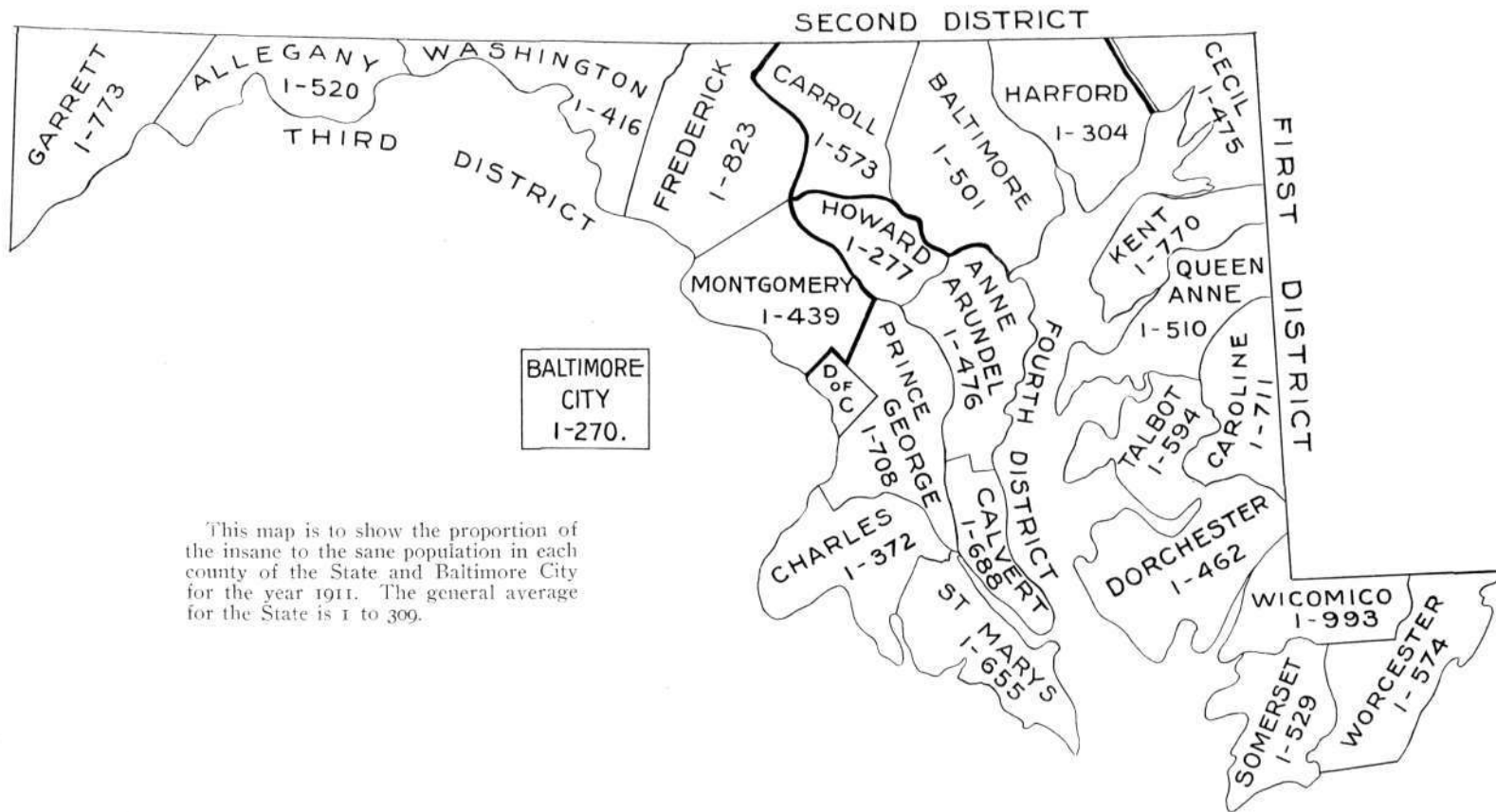
Percentage of recoveries of entire insane population, 1911

(10 mo.) 7.9%

Number of first admissions for 1910.....	1125
Number of first admissions for 1911 (10 mo.).....	883
Number of first admissions, insane, 1910.....	863
Number of first admissions, insane, 1911 (10 mo.).....	770
Number of first admissions, alcoholic, 1910.....	99
Number of first admissions, alcoholic, 1911 (10 mo.).....	75
Number of first admissions, drug, 1910.....	33
Number of first admissions, drug, 1911 (10 mo.).....	31
Number of first admissions, not insane, 1910.....	20
Number of first admissions, not insane, 1911 (10 mo.).....	7
Total number of admissions, 1910.....	1540
Total number of admissions, 1911 (10 mo.).....	1261
Number of patients admitted more than once to any hospital in the State, 1910.....	415
Number of patients admitted more than once to any hospital in the State, 1911 (10 mo.).....	378
Percentage of alcoholics to total number of admissions, 1910	17.6%
Percentage of alcoholics to total number of admissions, 1911 (10 mo.).....	13. %
Total number of alcoholics admitted during 1910, including first and subsequent admissions.....	271
Total number of alcoholics admitted during 1911, including first and subsequent admissions (10 mo.).....	165
Total number of out-of-State patients in institutions in Maryland, September 30, 1911.....	375
Total number of patients from Maryland in institutions in this State, September 30, 1911.....	3525
Total number of insane in Maryland registered.....	3900
Waiting list	300
Grand total	4200

TABLE SHOWING THE INCREASE AMONG THE
COLORED INSANE FOR THE PAST 11 YEARS.

	Total	Male	Female
1900.....	357	168	189
1901.....	407	192	215
1902.....	398	177	221
1903.....	409	184	215
1904.....	401	186	215
1905.....	425	201	224
1906.....	443	197	246
1907.....	446	217	249
1908.....	460	211	249
1909.....	452	204	248
1910.....	483	231	252
1911.....	495	231	264



THE TOTAL NUMBER OF INSANE FROM THE VARIOUS COUNTIES IN
STATE, CORPORATE AND PRIVATE INSTITUTIONS AND
COUNTY ASYLUMS, ACCORDING TO DISTRICTS,
ON SEPTEMBER 30, 1911.

FIRST DISTRICT.

	White.	Colored.	Total.
Cecil County.....	41	9	50
Kent County.....	16	6	22
Queen Anne's County.....	30	3	33
Talbot County.....	26	7	33
Caroline County.....	23	4	27
Dorchester County.....	49	13	62
Wicomico County.....	23	4	27
Somerset County.....	48	2	50
Worcester County.....	33	5	38
Total	289	53	342

SECOND DISTRICT.

Carroll County.....	58	1	59
Baltimore County.....	228	16	244
Harford County.....	70	22	92
Total	346	49	395

THIRD DISTRICT.

Garrett County.....	26	..	26
Allegany County.....	114	6	120
Washington County.....	111	8	119
Frederick County.....	61	3	64
Montgomery County.....	53	20	73
Total	365	37	402

FOURTH DISTRICT.

St. Mary's County.....	18	8	26
Charles County.....	16	28	44
Calvert County.....	9	6	15
Prince George's County.....	30	21	51
Anne Arundel County.....	45	38	83
Howard County.....	40	14	58
Total	162	115	277

Total number of County patients..... 1416

MARYLAND HOSPITAL FOR THE INSANE

Catonsville.

OFFICERS OF HOSPITAL:

SUPERINTENDENT—J. Percy Wade, M.D.

FIRST ASSISTANT PHYSICIAN—R. Edward Garrett, M.D.

SECOND ASSISTANT—John G. Runkel, M.D.

PATHOLOGIST—Edward G. Altvater, M.D.

DENTIST—J. Morrison Traywick, D.D.S.

STEWARD—Mr. S. Thomas Brown.

CLERK—Mr. Compton Graham.

Total number of patients in hospital on November 1, 1910.....	597
Admitted during the year.....	139
Discharged as recovered during the year.....	24
Discharged as improved during the year.....	19
Discharged as unimproved during the year.....	25
Died during the year.....	57
Total number of patients in hospital on November 1, 1911.....	611

EXTRACT FROM THE 114TH ANNUAL REPORT OF THE SUPERINTENDENT.

The total number of patients in the hospital on November 1, 1910, the beginning of the fiscal year, was 597. Of these 321 were males and 276 were females, of whom 31 (15 males and 16 females) were private patients, and 566 (306 males and 260 females) were supported by the city of Baltimore and the counties.

During the year 139 (75 males and 64 females) were admitted to the hospital. Of these 11 (4 males and 7 females) were private patients, and 128 (71 males and 57 females) were public patients.

There were discharged during the year 68 patients, of whom 24 (10 males and 14 females) were discharged as recovered; 19 (16 males and 3 females) as improved, and 25 (19 males and 6 females) as unimproved. 57 patients (28 males and 29 females) died.

The whole number under treatment for the year was 736 (396 males and 340 females). The daily average present in the hospital was for males, 321.88; for females, 279; and for both, 600.33. The highest number under the rolls for any day was 618 on October 11, 1911, and the lowest number was 578 on March 24, 1911.

The number of colored patients under treatment on November 1, 1910,

was 70 (39 males and 31 females). During the year 20 (8 males and 12 females) were admitted, 5 were discharged as recovered, 12 as improved, 10 as unimproved, and 6 died.

ADMISSIONS.

The movement of the population was much more active than recorded for any previous year in the history of the hospital. The number of admissions was double that of two years ago and 50 per cent. greater than last year. The demand for admission of patients was exceptionally persistent, and although the hospital utilized every available space to afford accommodations for these unfortunates, many were denied admission for lack of room.

The character of the cases admitted with regard to recovery was about the average which falls to the lot of the State institutions. In only 40 per cent. could any hope for cure be entertained. Of the remainder 13 were suffering from senile dementia, 15 from imbecility, 11 from epileptic insanity, 8 from general paresis and 17 from dementia and paranoid conditions. The State hospitals are not in position to restrict their admissions to those cases in whom the chances for recovery are favorable, but must provide accommodations, also, for cases who may be a menace to society for reason of dangerous delusions, and those individuals whose care at home has become irksome and impossible. It is the natural tendency for parents to keep their imbecile and idiot children at home as long as they are not too great a burden, but the State must be in a position to respond when a demand is made upon it, and assume the custody of the affected person.

The number of colored patients admitted was more than double that of last year. We transferred a number of colored males to the new negro hospital, which made it possible to receive these cases.

The average number under treatment for the year shows an increase of only three for the males, while the women increased thirteen over the previous year. These additional patients have taxed the female department to its utmost, but the overcrowding will be relieved upon the completion of the new wing.

A number of male patients were received from Bayview Asylum, where the wards were very much overcrowded. Most of them were suffering from epilepsy, and all were hopeless from a standpoint of recovery.

Attention is again directed to the injustice of treating the criminal insane in the same building with the ordinary insane patient. The reasons for such a segregation have been pointed out in several reports of your superintendent, and it is to be hoped that steps will be taken in the near future to remedy this evil.

During the year we were somewhat more fortunate in receiving younger patients. One hundred and four or 70 per cent. were under 50 years of age, and 13 per cent. were more than 60. Fifty per cent. had been insane one year previous to admission.

LUNACY COMMISSION OF

DISCHARGED.

The proportion of recoveries, 20 per cent. on the admissions, is about the average for past years, and is as large as can be expected considering the mental condition of the patients received.

Many patients, while not quite well when discharged, completed their recovery at home. It is for the purpose of looking after such patients, improving their environments, providing suitable occupation, combatting the causes which have a tendency to produce another attack, that the After-Care Committee has been organized and will be of great benefit. In other States it has proved a valuable aid and assistance to the hospital treatment. It is proposed to procure the services of an experienced alienist, whose duty it will be to visit the patients after their discharge from the institutions and keep in touch with their condition.

Nineteen colored men were transferred to the new colored institution early in the year. All of these patients were of the quiet type and able to be employed at useful occupations.

In another year all the colored will have been removed. The quarters now occupied by them will be utilized for white patients.

DEATHS.

The death rate, 8 per cent. on the whole number under treatment, is somewhat higher than reported for several previous years, and was due to an outbreak of lobar pneumonia which attacked the female patients. Ten of the deaths are due to this disease, of whom eight were women. It was a very fatal type and nearly all succumbed to the disease in spite of treatment.

The tubercular death rate, I am gratified to say, is much lower. In crowded institutions for the insane tuberculosis develops insidiously among a class of demented patients, who are wholly indifferent to their surroundings and conditions, whose circulation is defective and breathing shallow. Although we have no special buildings for these tubercular cases, every effort is made to isolate them from the healthy. In summer they sleep in tents, and in winter, during the day, are outdoors when the weather is favorable.

I regret to report one death by suicide, the first one in several years. The patient, a male, was suffering from manic-depressive insanity, but was improving and had expressed a desire to recover and return home. The coroner made an investigation and exonerated the hospital from any blame.

Although no cases of typhoid fever were encountered during the year, it was considered advisable as a precaution to immunize the patients and employes with the typhoid vaccine. The serum was procured from the State Board of Health at the actual cost of the retainers. Up to date all the women have been inoculated, and the men will receive the treatment as soon as the vaccine is procured.

FARM AND GARDEN.

The returns from the farm show the value of the produce raised and disposed of to be in excess of any previous year in the history of the institution, and this in spite of the unfavorable weather conditions during the early summer months.

The total amount aggregated \$24,000, which is \$2700 larger than returned last year, while the amount expended was reduced \$3300, making a net gain of \$6000, or over 90 per cent. increase.

The reduction in expenditures was largely due to raising food for the cows, such as cow-beets and turnips, instead of buying all such food as was necessary before the purchase of the 43 additional acres.

The work on the new buildings has required the services of many patients usually employed on the grounds, preventing any improvements.

The new road through to Wilkins avenue has been graded, and a layer of crushed stone put on part of the distance. The road is open for travel and will be finished during the winter.

IMPROVEMENTS.

An appropriation of \$80,000 was available from the bond issue authorized by the General Assembly of 1910 for improvements. It was decided, after careful consideration, that the most pressing need was a new culinary department. The work of remodeling the kitchen was begun in the spring and will be completed by the first of the coming year. The walls of the old kitchen were demolished and the floor space doubled. All the cooking will be done in the new addition, which is one story, well lighted and ventilated. The floors and walls will be of tile and the cooking utensils of improved pattern. The north side will be occupied by the cold-storage plant and refrigerating space provided for all the requirements of the hospital, which heretofore have been totally inadequate.

The new building, which will be an annex and directly connected with the female department, is also well under way. It is to be of stone, brick and concrete, and will be fireproof. It will provide an industrial shop for the female patients, dormitories, to accommodate one hundred females, dining-room for untidy patients and sleeping quarters for female nurses.

By utilizing the rooms of the nurses and the dining-rooms in the main building, we will be able to care for 725 patients.

We were very fortunate in discovering a valuable stone quarry on the recently purchased property. During the summer months many patients, under the direction of a foreman, quarried sufficient stone to construct the new building. A stone crusher was purchased and all the crushed stone required by the contractors was provided by the hospital. It is estimated that 1700 perches of building stone and 1000 perches of crushed stone have already been delivered, which, at the market price, would cost \$3500.

The general repairs to the building have been of the usual nature.

Metal ceilings have been erected in one of the wards and two dormitories. Floors on two wards have been scraped and repaired.

NEEDS.

The hospital continues to be deficient in the care of the sick and infirm and special service for the acute insane. That the best results can be obtained with this class of patients in a separate building is unquestionable.

An appropriation of \$75,000 is therefore requested from the General Assembly for this purpose, the building to accommodate one hundred patients of both sexes, with wards for the sick and bed-ridden, and also reception and acute service wards. Provisions will be made for hydrotherapy treatment and an operating-room for surgical cases.

OCCUPATION.

I cannot but reiterate the previously expressed opinion of the great value of occupation in the treatment of the insane. The chronic and demented types when employed are much happier and contented, less prone to outbreaks and require a minimum of supervision.

The usual work on the farm, grounds, painting and industrial shop has been provided. The output from the basket department has been materially increased. The force has been increased to five patients, who have been taught by the competent patient in charge of this department. In addition to all the baskets used in the institution, we were able to find a ready market for the surplus. It will be necessary to plant out more willows next spring in order to furnish sufficient raw material for the increased output.

In the earnest endeavor to interest our female patients in some useful occupation and make an effort to re-educate certain types of the insane with particular reference to the cases of dementia praecox, a class was organized in September under the direction of Miss Ellen K. Gross, who visits the hospital three days a week. The morning hours are devoted to games, marches, basket-ball and calisthenics, and the afternoon to making baskets, articles in raffia and fancy sewing.

Upon the completion of the industrial shop with increased accommodations, weaving, rug-making and willow basketry will be introduced.

Although the class has been in operation too limited a time to reach any definite conclusion, there has been a decided improvement in several of the pupils, and I feel confident that it will not only hasten the recovery of the convalescents, but also improve a class of patients who tend to become idle, untidy and destructive.

SPRINGFIELD STATE HOSPITAL

Sykesville.

OFFICERS OF HOSPITAL.

SUPERINTENDENT—J. Clement Clark, M.D.
 ASSISTANT SUPERINTENDENT—Charles J. Carey, M.D.
 ASSISTANT PHYSICIAN AT MEN'S GROUP—J. G. F. Smith, M.D.
 RESIDENT PHYSICIAN AT WOMEN'S GROUP—John N. Morris, M.D.
 ASSISTANT PHYSICIAN AT WOMEN'S GROUP—Vernon H. McKnight, M.D.
 CLERK—C. Lowndes Bennet.
 PURVEYOR—Joshua Linthicum.
 ELECTRICIAN—Frederick Gebhardt.
 MATRON AND STOREKEEPER—Bessie Noble.
 CONSULTING OPHTHALMOLOGIST—A. D. McConachie, M.D.
 CONSULTING GYNAECOLOGIST—J. Morris Slemmons, M.D.

Total number of patients in hospital on October 1, 1909.....	941
Admitted during the biennial period, Oct. 1, 1909, to Oct. 1, 1911.....	506
Discharged as recovered during the biennial period, Oct. 1, 1909, to Oct. 1, 1911.....	110
Discharged as improved, Oct. 1, 1909, to Oct. 1, 1911.....	77
Discharged as unimproved, Oct. 1, 1909, to Oct. 1, 1911.....	38
Died, Oct. 1, 1909, to Oct. 1, 1911.....	141
Total number of patients in hospital on Oct. 1, 1911.....	1078

EXTRACT FROM THE SUPERINTENDENT'S 7TH BIENNIAL REPORT.

There were in the hospital at the beginning of the biennial period, October 1, 1909, 530 males and 411 females, a total of 941 patients. During the period there have been admitted 288 males and 218 females, a total of 506 patients.

The total number under treatment was 1258. Of those discharged, 110 had recovered, 77 had improved, 38 were unimproved, and 141 died. There remained under treatment at the close of the period, October 1, 1911, 599 males and 479 females, a total of 1078 patients.

The admissions for the biennial period (506) are by far the greatest yet received.

The capacity of the institution has been very much taxed this last year, and to meet the urgent demand upon the hospital a temporary shack was erected and 60 patients housed in it and in tents.

Each fall has brought us a few cases of typhoid for the last six years.

From the many, many sources from which typhoid can be contracted, it has been heretofore impossible to escape having a few cases; but thanks to modern medicine through serum therapy, this dread disease seems likely to be finally eradicated.

Early in June, after consulting with the State Board of Health, it was decided to use the typhoid vaccine. Accordingly, all our patients, except a few with Bright's disease or organic heart disease and those whom we consider immune from a previous attack, were vaccinated; also several of the physicians, nurses and employes.

A careful record was kept of each patient and employe vaccinated. In no case was there a severe reaction, a few temperatures only rising above 100, and all subsiding after about 48 hours. The patients and employes complained of a slight head and backache only, like the initial symptoms of typhoid.

Not a single case of typhoid has developed among the vaccinated during the summer and fall, though one nurse who refused vaccination, and one male attendant who was employed after the vaccinations and one patient who entered the hospital after the vaccinations, developed the disease.

The medical treatment and management of cases have been continued on the same lines as heretofore. The open-door treatment is still adhered to, though with 1078 patients it is becoming very exacting to our officers, nurses and attendants on account of the great watchfulness required both day and night. One would feel much safer if he knew that all his patients were locked in at night.

There have been no new methods of treatment discovered except in the line of employment and re-education of patients.

Employment has been long used as a means of treatment until the subject has become threadbare, and the mercenary spirit displayed in exaggerating the value of patient work is likely to lead to overworking a patient. Patients are engaged in as large numbers in this institution and in as many avenues as in others, and their work is inestimable, but they are employed as a means of treatment, rather than for profit. While every able-bodied patient should perform such labor as will help lower the maintenance rate, it should not be a matter of compulsion.

A teacher has been employed in re-educating demented patients, chiefly on industrial lines, together with kindergarten work, as well as plays. While the school has been in operation but a short time, much benefit has already been derived, many dull and stupid patients arousing and taking interest in the work and plays.

In the treatment of the insane it is very necessary that good histories be obtained and kept. With this in view, and with the commendation of the Lunacy Commission, the following blank has been adopted and is now being carefully filled in in each case:

SUGGESTIONS AND FURTHER NEEDS.

With the completion and equipment of four new cottages, power-house, artesian water supply and sewerage system, the amount received from the bond issue, \$270,000, will be exhausted, and still the hospital is not completed.

We need a new dining-room and kitchen at the Women's Group. With our present population we have to dine our patients in two relays of two cottages at a time, changing all the dishes, knives, forks, etc., at each meal. This has to be done hurriedly, and consequently there is much confusion and a large amount of breakage of dishes. With the completion of the two cottages at this group, we will still be more than ever crowded. Hence the absolute necessity for a new dining-room that will seat all our able-bodied female patients. It should be enough for future use, or to seat 800 patients, and the least possible amount required will be \$40,000.

With our increase of insane patients has come a large number of insane epileptics until the cottages in which the epileptics are housed are overcrowded.

It is generally conceded that epileptics should be isolated from other patients. With this in view, it is purposed to build a separate group of one-story cottages on one end of the estate, and in asking for an appropriation for this purpose I realize that we are in opposition somewhat to the proposed colony for epileptics, yet for economical purposes it seems that the separation of insane epileptics can be best made at Springfield, and although the concensus of opinion at the meeting of the National Association for the Study of Epilepsy, at which I read the following paper, was in almost unanimous favor of colonies for both sane and insane together, but, like a woman, I am "of the same opinion still:"

INSERT OUT

In all, then, we will need for the next two years, calculating on a 1500 basis, which number we can accommodate when the new cottages are completed, application having been made from Bayview and some of the counties for enough patients to fill them.

Maintenance of 1500 patients at \$100, 1913.....	\$150,000
Maintenance of 1500 patients at \$100, 1914.....	150,000
For erecting new dining-room at Women's Group.....	40,000
For erecting colony for insane epileptics.....	50,000
Insurance for 1913.....	2,000
Insurance for 1914.....	2,000
Ordinary repairs and improvements, 1913.....	10,000
Ordinary repairs and improvements, 1914.....	10,000

IMPROVEMENTS.

In addition to the ordinary repairs and minor improvements, there has been erected, under supervision of Parker, Thomas & Rice, architects, a cottage at the Men's Group, known as Cottage G, which will accommodate 200 patients, the contract price of which was \$36,286.

A cottage known as Cottage E is nearing completion at the Women's Group and will accommodate 75 patients. Contract price, \$24,724.

A cottage known as the Austin Crothers Cottage is also nearly completed at the Women's Group and will accommodate 100 patients. Contract price, \$32,700.

A central power-house and laundry is about completed near the Women's Group. Contract price, \$26,520.

Boilers, dynamos, etc., will cost \$42,000.

Plans and specifications have been made to build a hospital building at the Men's Group with all modern equipment, the lowest bid for which was \$42,000.

The heating and lighting, plumbing and furnishings of the various cottages will cost about \$35,000.

An addition, 60 feet long, has been added to the bungalow, making room for 50 more patients, and a hot-water heating system installed in it.

Becoming overcrowded this summer, a shack was erected holding 25 patients.

The water supply becoming exhausted, a boiler and pumping station was established on the large stream running through the estate.

An artesian well, 500 feet deep, has been driven, and a supply of 60 gallons a minute obtained. A second well is now being driven.

A fertilizer plant has been established and the offal and bones from the slaughter were utilized. This was also established as a sanitary measure.

Two cement septic tanks for the sewerage system (80'x19'x8' and 40'x16'x8') have been laid. Fifteen hundred and sixty feet of iron pipe connecting the tanks have been laid.

Tunnels to connect the power-house with the Women's Group are about completed.

The excavating for all the buildings and the tunnel, which is 1072 feet long and averages about 12 feet deep, and in some places 14 to 20 feet, has been done with patient labor, a total of about 5550 cubic feet of earth having been moved. Besides this sewerage and drainage, pipes have been laid around the several cottages by patients.

MARYLAND ASYLUM AND TRAINING SCHOOL FOR THE FEEBLE MINDED

Owings Mills.

OFFICERS OF HOSPITAL.

SUPERINTENDENT—Frank W. Keating, M.D.

ASSISTANT RESIDENT PHYSICIAN—Henry W. Kennard, M.D.

MATRON—Mrs. Minnie Dutrow.

BOOKKEEPER AND STENOGRAPHER—Miss Bertha Henninghausen.

TEACHERS—Miss Mary H. Brown, Principal; Miss Mary B. Loane, Miss Jessie M. Sasscer, Miss Annie L. Salter, Miss Elizabeth D. Gilbert, Prof. Daniel Feldman, Mr. Everett A. Hidey.

Number of inmates, November 1, 1909.....	289
Admitted from November 1, 1909, to October 1, 1911.....	60
Removed from November 1, 1909, to October 1, 1911.....	21
Deaths	13
Number of inmates remaining October 1, 1911.....	315

EXTRACTS FROM THE 12TH BIENNIAL REPORT OF THE SUPERINTENDENT.

ADMISSIONS.

The number of admissions (60) during this biennial period was not so large as the number admitted during the preceding one, notwithstanding much work has been done in preparing for a very considerable increase in our accommodations; for in a few weeks two new dormitory buildings, now in course of completion, will be put into service, and thus increase the capacity of the institution to five hundred cases.

Although the institution has accommodations for only three hundred inmates, we have endeavored to relieve, to some extent, the heavy pressure made upon us for the admission of many urgent cases by crowding in a larger number. This, however, has been done with considerable discomfort to the children, which, I am glad to say, will be relieved upon the completion of the new dormitories.

DISCHARGES.

Those discharged during the period amounted to twenty-one (21), the largest number in the history of the institution. With few exceptions they

had improved very much, mentally and physically. The larger number, seventeen, were discharged upon request of parents or relatives who were able to give them proper care at home; two were paroled by orders of court, and one transferred to a hospital for the insane.

DEATHS.

The mortality was slightly higher than usual, the number of deaths being thirteen (13) during the biennial period. This increase was not due to any special cause, as there was no epidemic or unusual amount of sickness among the inmates.

The greater number of deaths was among the lowest grade of epileptics, cases that had gradually degenerated for years. Six (6) died from this cause; one (1) from pulmonary tuberculosis; two (2) from chronic endocarditis; two (2) from acute pneumonia; one (1) from acute entero-colitis, and one (1) from disseminated tuberculosis of the mediastinal glands, confirmed by autopsy.

APPLICATIONS FOR ADMISSION.

During the period covered by this report 134 new applications for admission were filed. This number, added to those already on file for whom we have no accommodations, makes the number of applications for admission to the institution now on the "Waiting List" two-hundred and twenty-one (221). Ninety-five per cent. of these applications are for children in indigent circumstances, while only 5 per cent. have parents who are able and willing to pay a small part of the expense for their board and tuition.

ADDITIONAL ACCOMMODATIONS.

By the generous appropriation of \$150,000 for additional buildings, made by the last Legislature, we were able to start the construction of several new buildings, to enlarge the present accommodations of the institution. As soon as this money became available, contracts were made for the following new buildings and improvements, and their construction begun last spring:

1. A dormitory and day-room building to accommodate 100 children, including clothes rooms, bath and toilet rooms, and sleeping quarters for attendants. A large day-room is located on the first floor and dormitories on the second and third floors. The basement, which is a high one, is to be utilized as a play or exercising room for the children in rainy and cold weather, when they cannot play out of doors.

2. A dormitory and dining-hall building, connected by corridors to the central kitchen. This building contains sleeping quarters for 100 of the larger girls on the second and third floors, with the necessary clothes rooms, bath and toilet rooms, and a large sitting-room. The first floor is to be utilized as a dining-hall to seat five hundred, in which all the high-

grade cases will be accommodated at meal times, thereby doing away with several of the small dining-rooms in the old buildings. The latter will be converted into dormitories to give additional sleeping space and relieve the congestion in these old buildings.

3. An assembly hall and training school building, providing classrooms for girls on the first floor, and a large assembly hall on the second floor. The classrooms now used for girls in the old school building will be converted into industrial shops for boys.

4. A small addition to the present power-house, to make room for an additional boiler, pumps and electric generator, to furnish additional heat, light and power for the new buildings.

5. The old underground tunnel extended to the new buildings, a distance of 700 feet, in which to install the steam-heating mains, hot and cold water supply pipes, and electric and telephone cables.

6. A disposal system for the sewage from the institution, including settling and sludge tanks, dosing chambers and filter beds.

The excavations for all buildings, underground tunnels, sewerage disposal beds and pipe-lines, were made by the inmates, under direction of a competent foreman, and they also handled all the material in making concrete and assisted in erecting and filling the forms in construction of the underground tunnel.

More than four thousand dollars was thus saved in the construction of these improvements.

SCHOOL DEPARTMENT.

The usual satisfactory progress has been made in the School Department, and the value of the classroom instruction for our younger pupils particularly shows its good results daily, especially when a comparison is made with the cases admitted who are too old for class instruction. The latter generally remain listless, and almost helpless, while the former, almost without exception, acquire habits of industry and self-helpfulness. The school training is made practical and the various methods employed are those best calculated to develop to their highest degree the imperfect faculties of these children.

FARM.

The farm and garden have furnished the institution with a large quantity of fresh vegetables and other products, the value of which is estimated at \$15,878.43, in addition to our entire supply of fresh milk.

The work upon the farm furnishes one of the most effective means of developing, both mentally and physically, the boys committed to our care. As the capacity of the institution is increased and more boys are admitted, we will be greatly handicapped if the acreage of the farm is not extended. The amount of substantial good derived by the boys from working on the farm cannot be too highly estimated, and the same may be said of the girls

in their helping with the household duties and assisting in the laundry, kitchen and sewing-room of the institution. This trains them to grow up familiar with the work they are most capable of doing, and renders them helpful both to themselves and to others.

IMPROVEMENT IN CHILDREN.

It is gratifying to note the steady improvement made in almost all of the children admitted to the institution, and to witness the extraordinary results from the training to which they are subjected.

No intelligent person who understands the nature of the education and training provided for this class of children, and the results obtained, when it has been properly applied, can reasonably doubt that a large per cent. are susceptible of much improvement under instruction suitable to their condition.

Those most familiar with the results in this and similar institutions will not hesitate to claim that education and training of the feeble-minded in special institutions is as of much value to this class of defectives as is the education and training afforded the blind and the deaf and dumb; and that the family and society are equally benefited in the case of one as well as of the other.

The public mind is sometimes misled by the statement that the care and treatment of the feeble-minded is more hopeless than that of any other of the State's numerous wards. This statement, when unqualified, is misleading.

No one, except the very ignorant, believe that the feeble-minded can be cured and returned to the community as normal citizens. Such a result has not been realized; but to those who appreciate the real educational possibilities while yet understanding their limitations, to say nothing of the social value of the work for their improvement, the results are exceedingly hopeful.

Those who have the opportunity of watching the continued transformation of children of low mental activities into persons sufficiently intelligent to carry on the simpler duties of life, comparing very favorably in general efficiency of service with the lower order of paid servants, can appreciate fully the purely educational possibilities of the work.

When we compare the condition of the children on their admission with their state after a few months' residence, almost without exception we are encouraged to believe that success has been attained here, like that which is resulting from similar efforts elsewhere. Surely, it is much to be able to state that improper traits and propensities so troublesome to the parents have been overcome; weak physical powers have been strengthened; uncleanly habits have been cured; the spiteful and irritable have become calmer; the dependent, self-depending; the idle have become useful; the untutored have learned to read, write and count; the girls to sew and to do laundry and housework; the boys to work in the garden and on the

farm; while a few have succeeded very well in various mechanical occupations. By skillful and patient training they have been taught good manners, good habits and to acquire self-control, their mental and moral improvement usually keeping pace with the improvement of their physical condition.

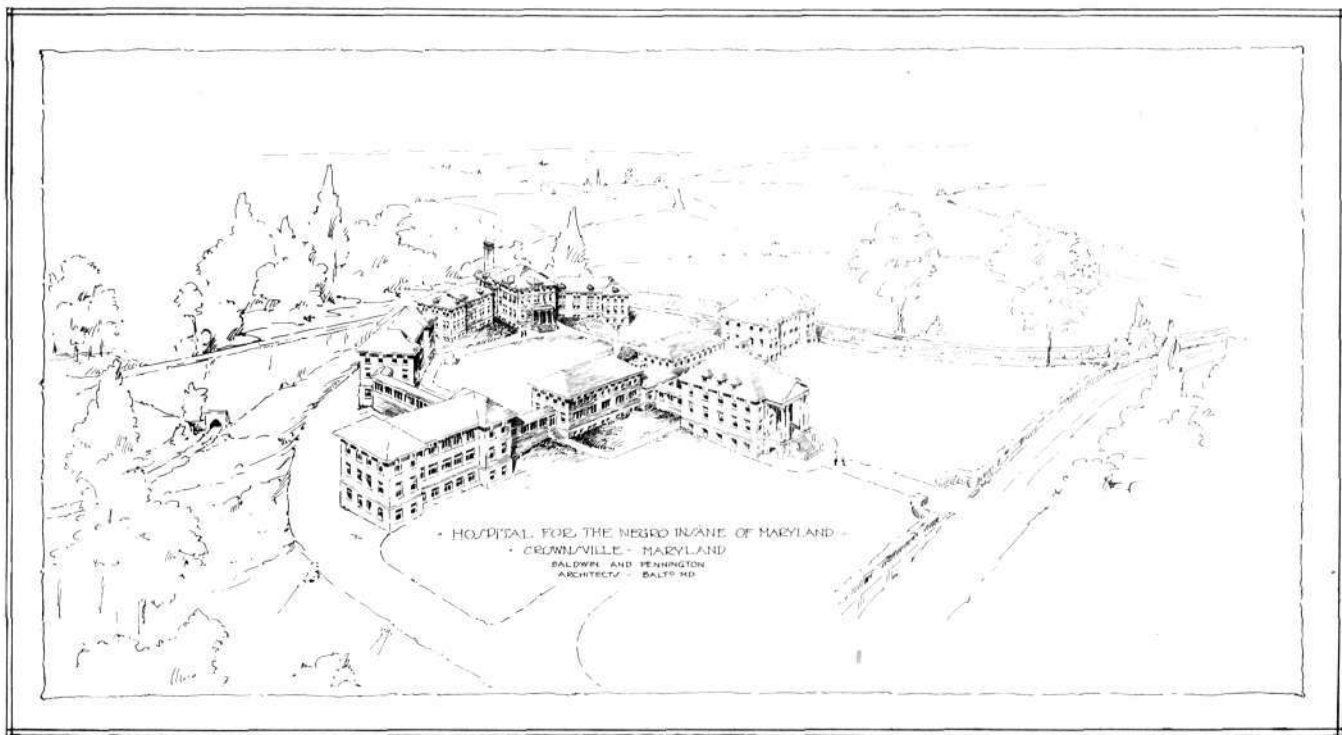
Then consider what the children would have become if they had been left to themselves, uncared for, untrained and with growing habits of self-will, self-indulgence, dullness, idleness, mischief, untidiness and vice.

APPROPRIATIONS NEEDED.

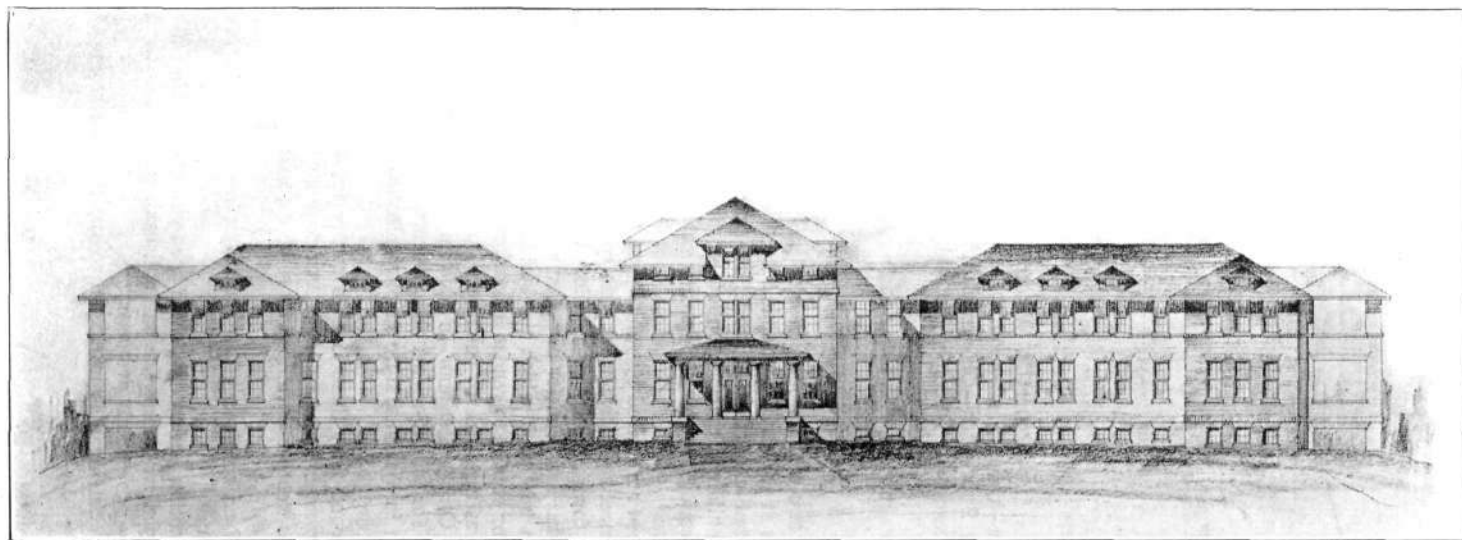
Anticipating the early completion of the new dormitories, which will give accommodations for a large number of additional cases, I would call your attention to the necessity of applying to the Legislature for an appropriation of \$72,000 for maintenance for the next fiscal year, October 1, 1912, to September 30, 1913, to support 500 inmates; and an appropriation of \$77,000 for maintenance for the second fiscal year, October 1, 1913, to September 30, 1914, to support 525 inmates. These amounts will be necessary in addition to our annual fund of \$13,000 to pay for current expenses and keep up necessary repairs to the plant.

Appropriations for additional farm buildings and other improvements are also urgently needed, as detailed in our application to the Board of State Aid and Charities, the aggregate of which would be \$24,000.

The erection of another dormitory building would be desirable, and, in fact, necessary, if the institution is expected to take under its care all cases of feeble-mindedness in the State applying for admission. The number of applications for admission now on file are more than enough to fill the new dormitories nearing completion, and with 75 to 100 additional applications being filed annually public necessity seems to demand that the accommodations of the institution shall be enlarged each year, if the provisions in its character, "to care for and educate all idiotic, imbecile and feeble-minded persons of this State" are to be properly carried out.



GROUP OF BUILDINGS AT THE HOSPITAL FOR THE NEGRO INSANE OF MARYLAND, AS THEY WILL APPEAR WHEN COMPLETED. CROWNSVILLE, MD.



FIRST BUILDING AT THE HOSPITAL FOR THE NEGRO INSANE OF MARYLAND, CROWNSVILLE, MD.

HOSPITAL FOR THE NEGRO INSANE OF MARYLAND

Crownsville.

OFFICERS OF HOSPITAL.

SUPERINTENDENT—Robert P. Winterode, M.D.

SUPERVISOR—Oscar Smallwood.

ASSISTANT SUPERVISOR—Charles B. Smith.

FARM MANAGER—J. Rudolph Warfield.

EXTRACT FROM THE FIRST REPORT OF THE SUPERINTENDENT.

DESCRIPTION OF THE CONSTRUCTION CAMP AND THE WORK ACCOMPLISHED

With the two-fold purpose, in view of relieving the county homes of their charges at the earliest possible date, also of economizing in every way by utilizing patients' labor to grade, cut poles and cross-ties for spur, excavate for buildings, harvest willow crop and commence the necessary farming operations, the idea of housing patients in temporary quarters suggested itself.

Having been authorized by your Board to carry out plans as outlined at a previous meeting, active work was commenced immediately to convert the building formerly used as a willow plant into temporary quarters and prepare for our first transfer of patients.

The steam heat with which the building was already equipped needed but few minor repairs to render it comfortable. A range with a hot-water equipment was installed for cooking; shower baths were arranged over a cement pit. On the first floor, in addition to these necessities, ample room is provided for dining-rooms for patients, superintendent and officers; clothes room for patients, store supplies, sleeping accommodations for cook and wife.

On the second floor there is a dormitory for 40 patients; also sleeping quarters for superintendent, office, work-room, pharmacy, etc. On the third floor is another dormitory of same capacity; also one room for an attendant.

In case of an emergency there are four attendants and myself within calling distance.

As a precaution against fire, there are two outside exits; also the building is equipped with nine fire extinguishers, guaranteed by underwriters and tested to 350 pounds pressure.

The night watchman is instructed to see that the storage tank of 350

gallons is filled every night before going on duty, and with our well-drilled bucket brigade renders our fire department as complete as the present circumstances will permit.

WATER SUPPLY.

The water is forced by a hand pump from a spring head into a storage tank on the third floor, and this supplies water for range, kitchen purposes and shower baths. Fully realizing the fatalities resulting from a contaminated water supply, before any water was used, specimens were submitted both to Dr. William R. Stokes, State Bacteriologist, and Dr. W. B. D. Penniman, State Chemist, for bacteriological and chemical analysis, respectively. The results of both specimens were excellent.

Our toilet facilities, it is true, are of primitive type, consisting of outhouses, but these are cleaned frequently and deposits are buried after being treated with lime. All garbage and refuse is promptly destroyed.

After a month's work on our quarters, everything being in readiness, the first transfer of patients was arranged for March 13, 1911. The temporary character of our camp necessitated the reception of only quiet and good workers. Through the kindness of Dr. J. P. Wade, Superintendent of the Maryland Hospital for the Insane, Catonsville, twelve able-bodied patients were obtained.

On March 18, 1911, four more were added, and on March 21, 1911, this number was increased to 21.

From this group three patients were selected to assist the cook and wait in dining-rooms of patients and officers. Two were assigned work with the farm manager. The remainder commenced harvesting the willow crop. The patients worked with a vim and their enthusiasm increased in proportion to results shown, and after six weeks the entire holt of fifteen acres was cut, bundled and stripped for market.

The increasing demand for workers, combined with the excellent results so far obtained with our small colony, was of sufficient evidence to justify an increase in our population. The next quota of sixteen were selected from Montevue Asylum, at Frederick, and were transferred on July 21, 1911. The next morning twelve of these under the supervision of two attendants were equipped with axes and taken to the woods to cut cross-ties for the spur into the property, and also poles for conveying electric current for lighting building. As was to be expected, the work was crude and slow in the beginning, but with teaching the type and quality of the work increased in efficiency until six weeks had elapsed, when 750 white oak crossties were counted to their credit; also 20 poles, 35 feet long and 12 inches across the butt.

To accomplish this task it necessitated the felling of 200 or more trees, and with inexperienced woodmen it is almost phenomenal, and at the same time very encouraging, to report that not even a scratched hand was reported.

By this time the work on the farm had increased to such an extent to

occupy all our labor, and in order to economize in grading, excavating, concreting, etc., with the use of patients, it was deemed expedient to increase further our number. Accordingly, on October 13, 1911, thirty-two patients were brought from Montevue Asylum at Frederick.

This group included quite a number of epileptics and imbeciles of low grades; 80 per cent. of the entire number had never been occupied. On October 21, 1911, two patients were transferred from Sylvan Retreat; on September 15, 1911, one patient was transferred from the County Home of Talbot County; one new admission on June 2 from Charles county.

All these transfers were made without a single mishap. This is remarkable especially in the transfers from Montevue, as they were compelled to change cars at Frederick Junction and walk from Camden Station up to Lombard street to board the Washington, Baltimore and Annapolis car, which was on a siding on Lombard street.

The excellent health of our colony up to this date bespeaks well for the sanitary conditions and assures us that every source has been carefully guarded to prevent illness from contaminated water supply and faulty sewage disposal.

The absence of casualties is worthy of note considering the frequent acquaintance with sharp-edged tools, much credit of which is due to the men who have supervised the work, necessitating eternal vigilance on their part.

As a further preventative of an epidemic of typhoid, all patients will be immunized against this treacherous disease as soon as the vaccine can be obtained.

THE RESULTS OF FARMING.

In consideration of the fact that practically all the work has been done with patient labor, the farm manager having only one hired helper, it is most gratifying to report the yields in spite of the dry season, having far surpassed out anticipation. To make any showing whatever, commencing at this late season, called for an enormous amount of work in a short period of time, and this to be accomplished for the greater part with inexperienced workers and small equipment was, to say the least, very discouraging. However, with a farm manager whose enthusiasm knew no bounds and with untiring energy, this proposition was undertaken.

Before even a furrow could be turned, the greater area of land had to be grubbed of underbrush, neglected fence rows grown up with briars cleaned, manure hauled and spread and numerous other details well known to the experienced. Each day's results were more convincing that his efforts were not in vain. The hot-bed frames were soon green with sprouting seeds. The land in which early vegetables were planted presented a marked contrast to the virgin soil. The work progressed more rapidly as weeks passed by, patients becoming more proficient and enthusiastic. At the close of the season 187 acres had been planted in profitable crops.

The patients' table was bountifully supplied from the farm with a variety of vegetables, namely, corn, cabbage, tomatoes, radishes, onions, peas, beans,

potatoes, watermelons and cantaloupes. In addition to vegetables, three acres of timothy hay were cut and cured, 10 acres of grain were harvested, 10 acres of cowpeas and 5 of millet.

NEW BUILDINGS.

Messrs. Baldwin and Pennington of Baltimore, having been engaged as architects, submitted plans embodying the views of the Building Committee to the Board for approval, which were adopted. The completed layout will comprise four cottages, central kitchen, dining-room and administration building. This will amply provide for all the negro insane in the State, which, from the present census, is about 500.

The first building of this group previously described, now under construction, will accommodate 250 patients, 125 men and the same number of women; also administration offices, sleeping accommodations for Superintendent and staff, as well as dormitories for the nurses and attendants.

The cottages, which will be connected by covered bridges, are arranged in the form of a quadrangle, with a spur from the Washington, Baltimore & Annapolis Railroad running into the property on the north side, terminating on an elevated iron trestle, enabling us to unload coal at the boiler-house door.

A survey for a 30-foot driveway has been arranged, running from the carriage house across to the rear of the present building under construction, and from there parallel to spur to county road.

The contract for grading for spur, also excavating for building, was awarded to Mr. Fred. Stehle of Annapolis, and the first ground was broken on August 21, 1911.

A cement culvert 98 feet wide and 8 feet in diameter over which the driveway passes has been constructed by patient labor. The spur into the property has been completed, facilitating greatly the hauling of all building materials, cement, brick, gravel, reinforcing material for construction being unloaded within a few feet of the building, saving the expense of hauling.

Artesian wells are being drilled, from which water will be pumped into pressure tanks by electric power.

For building purposes a temporary elevated tank of 1500 gallons capacity has been constructed near the building, in which water is forced by means of a small gasoline engine from a neighboring stream.

COMBINED STATEMENT SHOWING AGGREGATE SAVING ON FARM, CONSTRUCTION OF NEW BUILDINGS, TEMPORARY QUARTERS BY THE UTILIZATION OF PATIENT LABOR.

Construction of new buildings.....	\$2,049.75
Estimation of farm labor.....	940.00
Driveway under construction.....	140.00
Valuation of employment at temporary quarters.....	110.00
	<hr/>
	\$3,239.75

The first unit of the group as seen in cut consists of a central building, three stories and basement, with two wings, two stories and basement in height, extending almost at right angles from the central building.

The first floor, which will be an English basement under the entire building, will provide ample accommodations for industrial shops for both men and women, store rooms, laundry, bakery, boiler-house, separate dining-room for disturbed patients, both men and women; pathological laboratory and hydrotherapy equipment. The second and third floors of the wings will be devoted to day rooms and dormitories. The front of the first floor proper of the main building will contain the administration offices, examining room, clinical laboratory, pharmacy and offices for superintendent and staff.

In the rear of the floor will be an associate dining-room, and back of this kitchen scullery and refrigerators.

On the second floor in front of the main building will be the sleeping quarters for the superintendent, the officers, and a library. The rear of the floor will be an infirmary for men and women.

In the front and back of the third floor of the main building will be located accommodations for the nurses and attendants.

On the first floor of both wings rooms will be provided for both male and female supervisors.

The building will be lighted with electricity; also supplied with shower and prolonged tub baths. The plumbing will be modern in every particular.

All wards and offices will be connected with the Superintendent's office by telephone.

The material for construction will be brick, with concrete floors and beams, and the governing motive in everything will be simplicity and economy.

STATISTICAL TABLES

TABLE NO. 1.

SHOWING THE STATISTICS OF THE STATE AND CITY HOSPITALS FOR THE INSANE AND FEEBLE-MINDED FOR A PERIOD OF TEN MONTHS, FROM NOVEMBER 30, 1910, TO SEPTEMBER 30, 1911.

Institutions.	Remaining November 30, 1910.					Admitted from Novem- ber 30, 1910, to Sep- tember 30, 1911.					Showing the Condition of Patients Dis- charged from No- vember 30, 1910, to September 30, 1911.					Remaining September 30, 1911.				
	White.		Col'd.		Total.	White.		Col'd.		Total.	Recovered.	Improved.	Unimproved.	Died.	Total.	White.		Col'd.		Total.
	Male.	Female.	Male.	Female.		Male.	Female.	Male.	Female.							Male.	Female.	Male.	Female.	
Maryland Hospital for the In- sane (Spring Grove).....	286	246	39	30	601	56	43	8	10	117	21	7	29	50	107	301	251	24	35	611
Springfield State Hospital....	565	453	....	....	1018	124	87	....	....	211	34	34	11	59	138	608	483	....	....	1091
Maryland Asylum and Training School for Fee- ble-Minded	149	155	....	....	304	18	12	....	....	30	....	8	2	9	19	158	157	....	....	315
Maryland Hospital for the Negro Insane.....	....	....	....	....	....	....	....	....	....	....	1	2	....	1	4	....	....	34	....	34
Bayview Asylum.....	97	158	75	123	453	113	68	28	28	237	41	75	45	52	213	89	178	78	132	477
Total.....	1097	1012	114	153	2376	311	210	36	38	595	97	126	87	171	481	1156	1069	136	167	2528

TABLE NO. 2.

SHOWING THE STATISTICS OF PRIVATE AND CORPORATE INSTITUTIONS FOR THE INSANE FOR A PERIOD OF TEN MONTHS, FROM
NOVEMBER 30, 1910, TO SEPTEMBER 30, 1911.

Institutions.	Remaining November 30, 1910.			Admitted from No- vember 30, 1910, to September 30, 1911.			Showing the Condition of Pa- tients Discharged from Novem- ber 30, 1910, to September 30, 1911.					Remaining November 30, 1911.		
	Male.	Female.	Total.	Male.	Female.	Total.	Recovered.	Improved.	Unimproved.	Died.	Total.	Male.	Female.	Total.
Mount Hope Retreat.....	241	382	623	48	53	101	39	34	3	39	115	234	375	609
Sheppard and Enoch Pratt Hospital.....	53	63	116	72	80	152	32	70	41	8	151	59	58	117
The Richard Gundry Home..	20	20	40	72	36	108	38	61	6	5	110	17	21	38
The Gundry Sanitarium.....	....	41	41	....	32	32	10	15	3	1	29	....	44	44
Relay Sanitarium.....	14	22	36	41	13	54	37	15	5	3	60	12	18	30
Riggs' Cottage.....	5	4	9	1	2	3	....	2	1	1	4	6	2	8
Gelston Heights.....	5	6	11	1	....	1	....	....	....	....	....	6	6	12
Laurel Sanitarium.....	28	24	52	74	35	109	33	47	18	12	110	25	26	51
Patapsco Manor Sanitarium.	11	5	16	31	14	45	19	22	....	1	42	12	7	19
Edgewood Sanitarium.....	4	11	15	6	15	21	4	12	2	4	22	6	8	14
Chestnut Lodge Sanitarium..	....	....	....	16	20	36	1	20	3	2	26	1	9	10
Total.....	381	578	959	362	300	662	213	298	82	76	669	378	574	952

TABLE NO. 3.

SHOWING THE STATISTICS OF THE COUNTY ASYLUMS FOR THE INSANE AND FEEBLE-MINDED FOR A PERIOD OF TEN MONTHS,
FROM NOVEMBER 30, 1910, TO SEPTEMBER 30, 1911.

County Asylums.	Remaining November 30, 1910					Admitted from Novem- ber 30, 1910, to Sep- tember 30, 1911					Showing the Condition of Patients Dis- charged from No- vember 30, 1910, to September 30, 1911.					Remaining September 30, 1911.				
	White.		Col'd.		Total.	White.		Col'd.		Total.	Recovered.	Improved.	Unimproved.	Died.	Total.	White.		Col'd.		Total.
	Male.	Female.	Male.	Female.		Male.	Female.	Male.	Female.							Male.	Female.	Male.	Female.	
Montevue (Frederick county)	57	59	78	77	271	5	1	24	19	49	....	4	25	5	34	30	31	74	67	202
Sylvan Retreat (Allegany county).....	42	50	2	3	97	1	....	....	....	1	1	2	....	1	4	41	47	3	3	94
Cherry Hill (Cecil county) ..	14	7	2	7	30	3	5	0	1	9	....	5	....	4	9	12	9	2	7	30
Bellevue (Washington county).....	23	21	5	2	51	2	1	....	....	3	....	1	1	6	8	21	19	4	2	46
Total.....	136	137	87	89	449	11	7	24	20	62	1	12	12	26	55	104	106	83	79	372

TABLE NO. 4.

SHOWING THE STATISTICS OF THE COUNTY HOMES IN WHICH INSANE ARE KEPT, FOR A PERIOD OF TEN MONTHS, FROM NOVEMBER 30, 1910, TO SEPTEMBER 30, 1911.

	Remaining November 30, 1910.					Admitted from Novem- ber 30, 1910, to Sep- tember 30, 1911.					Showing Condition of Patients Discharged from November 30, 1910, to September 30, 1911.					Remaining September 30, 1911.				
	White.		Col'd.		Total.	White.		Col'd.		Total.	Recovered.	Improved.	Unimproved.	Died.	Total.	White.		Col'd.		Total.
	Male.	Female.	Male.	Female.		Male.	Female.	Male.	Female.							Male.	Female.	Male.	Female.	
Allegany.....	No	Insane	in	Cou	nty	Ho	me.													
Anne Arundel.....	No	Insane	in	Cou	nty	Ho	me.			2						7	4	1	3	15
Baltimore.....	6	4	1	4	15	1	1						1	1	2					
Calvert.....	No	County	Ho	me.																
Caroline.....	No	Insane	Re	ceive	d.												1		1	2
Carroll.....	No	Insane	in	Cou	nty	Ho	me.													
Cecil.....	No	Insane	in	Cou	nty	Ho	me.													
Charles.....	No	County	Ho	me.																
Dorchester.....	No	Insane	Re	ceive	d.															
Frederick.....	No	Insane	in	Cou	nty	Ho	me.													
Garrett.....	No	County	Ho	me.																
Harford.....	2	1	1	4		No	Insane	Re	ceive	d.						2		1	1	4
Howard.....	No	County	Ho	me.																
Kent.....	2	1		3						No	Insane	Re	ceive	d.						
Montgomery.....	No	Insane	in	Cou	nty	Ho	me.													
Prince George's.....	3	3		3	9					No	Report	Re	ceive	d.						
Queen Anne's.....	1	4	2	4	11	1				1				2	2	1	3	2	4	10
Somerset.....			4	2	6													6	3	9
St. Mary's.....	4		1	1	6													1	1	2
Talbot.....	2	2	2	6	12														4	4
Washington.....	No	Insane	in	Cou	nty	Ho	me.													
Wicomico.....	4		2	2	8	No	Insane	in	Cou	nty	Ho	me.								
Worcester.....			1	2	3									1	1			1	1	2
Total.....	24	14	14	25	77	1	1	1		3			1	4	5	10	8	12	18	48

TABLE NO. 5.

SHOWING THE STATISTICS OF THE COLORED INSANE ON SEPTEMBER 30, 1911.

Institution.	Remaining Nov. 30, 1910.	Admitted Nov. 30, 1910, to Sept. 30, 1911	Remaining Sept. 30, 1911.
State and city hospitals.....	267	108	303
County asylums.....	176	44	162
County homes.....	40	1	30
Total	483	153	495

TABLE NO. 6.

SHOWING TOTAL NUMBER OF INSANE IN THE STATE ON SEPTEMBER 30, 1911.

	White.	Negro.	Total.
Number of insane in State hospitals, including feeble-minded	1958	93	2051
Number of insane in county asylums and Balview.....	477	372	849
Number of insane in almshouses	18	30	48
Number of insane in private institutions	952	....	952
Total	34075	495	3900

TABLE NO. 7.

SHOWING THE TOTAL NUMBER OF PATIENTS, WHITE AND COLORED, IN THE FOLLOWING HOSPITALS FROM THE COUNTIES AND BALTIMORE CITY ON SEPTEMBER 30, 1911.

	Maryland Hospit'l for the Insane.		Springfield State Hospital.		Maryland Hospit'l for the Negro Insane.		Mount Hope Retreat.		Sylvan Retreat.		Montevue Asylum.	
	White.	Colored.	White.	Colored.	White.	Colored.	White.	Colored.	White.	Colored.	White.	Colored.
Allegany.....	4	..	10	..	..	..	7	..	80	6	..	..
Anne Arundel.....	23	4	10	..	..	8	2	..	..	..	2	26
Baltimore.....	76	11	58	..	..	..	45	..	..	..	6	5
Calvert.....	2	..	3	..	..	2	2	..	..	..	..	4
Caroline.....	4	..	17	..	..	1	..	..	..	..	..	3
Carroll.....	8	1	47	..	..	..	..	..	..	..	..	..
Cecil.....	4	..	5	..	..	..	1	..	..	..	..	..
Charles.....	8	..	5	..	..	3	3	..	..	..	..	25
Dorchester.....	9	4	27	..	..	3	2	..	..	..	4	6
Frederick.....	2	..	17	..	..	..	4	..	..	..	30	3
Garrett.....	5	..	10	..	..	..	1	..	7	..	..	..
Harford.....	27	11	18	..	..	4	4	..	..	..	1	7
Howard.....	9	4	24	..	..	..	2	..	..	..	..	10
Kent.....	4	3	6	..	..	3	..	..	..	..	..	..
Montgomery.....	4	..	25	..	..	2	1	..	..	..	6	18
Prince George.....	11	1	9	..	..	4	..	..	..	..	7	16
Queen Anne's.....	5	..	15	..	..	1	..	..	..	..	..	2
Somerset.....	23	1	15	..	..	..	..	..	..	..	..	..
St. Mary's.....	9	1	3	..	..	..	..	..	..	..	3	7
Talbot.....	4	3	15	..	..	1	2	..	..	..	..	3
Washington.....	19	1	34	..	..	1	..	..	1	..	..	..
Wicomico.....	11	4	10	..	..	..	..	..	..	..	..	..
Worcester.....	4	..	26	..	..	1	..	..	..	..	1	4
Baltimore city.....	277	10	682	..	..	..	311	..	..	..	1	2
Out of State.....	..	..	..	..	..	..	222	..	1	..	..	..
Total.....	552	59	1091	..	..	34	609	..	89	6	61	141

THE STATE OF MARYLAND.

TABLE NO. 8.
SHOWING FORM OF MENTAL DISEASE IN FIRST ADMISSIONS TO INSTITUTIONS
FOR A PERIOD OF TEN MONTHS, FROM NOVEMBER 30, 1910, TO
SEPTEMBER 30, 1911.

	Dec.	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Total
1. Alcoholism	5	5	6	7	10	6	1	3	10	11	64
2. Amentia	2										2
3. Aphasia		1									1
4. Arterio-Sclerosis	1					1					2
5. Asthenia		1									1
6. Chorea								1			1
7. Dementia, Acute	1	2		1	1	1					6
8. " Organic	2	3	1	2	3	5	2	1	2	3	24
9. " Paralytic											2
10. " Praecox	5	11	7	9	5	14	11	10	8	10	90
11. " Senile	3	8	7	6	6	5	6	6	9	6	62
12. " Terminal	1			1							2
13. Defectiveness						1					1
14. Depression			3	4	3		2		2	2	16
15. Drugs	1	1	1			2			1	2	8
16. " Morphia		3	1	4	2	1	4	3	1	1	20
17. Epilepsy	1					3	2	2		1	9
18. Excitement, Maniacal								3			3
19. " Senile	1										1
20. Feeble-mindedness			1					1		1	3
21. Hebephrenia			1								1
22. Hemiplegia				1							1
23. Hypochondria	1										1
24. Hypomania	1	1					1				4
25. Hysteria	2	2	2		2		1	3		6	18
26. Imbecility	3	3	5	6	2	6	5	6	9	8	53
27. " Epileptic				2	1						7
28. Insanity, Alcoholic, Acute	4	2	1		2	3		3	4	1	23
29. " Chronic	1			2	1	1	1	2		2	10
30. " Adolescent		1	1			1		1			4
31. " Apoplectic							1			1	2
32. " Climacteric						2			2		5
33. " Confusional	1	2	1	2			2	1			9
34. " Delusional	2	1	1		3	3	1	2	2	3	18
35. " pre-Senile Delu- sional	2	1	3								6
36. " Epileptic	2	4	3	2	3	2	2	1	2	4	25
37. " Katatonic				1						1	2
38. " Manic-depressive	5	11	6	9	6	8	16	7	8	9	85
39. " Neurasthenic			1				1		1	1	4
40. " Puerperal		1			1	2	1			1	6
41. " Toxic	1	1		1	1						3
42. Korsakow's Syndrome									1		1
43. Locomotor Ataxia								1			1
44. Mania, Acute	1	4	5	3	1	3	3	3	3	1	27
45. " Chronic		1		1		1		1			4
46. " Senile			2	1		2				2	7
47. Melancholia	5	7	4	7	2	5	7	6	5	6	54
48. " Agitata				1		1	4			1	7
49. " Chronic		2								1	3
50. " Involuntional		2		1		1	4	1	2	1	12
51. Neurasthenia	1	5	2	1	2	3	5	2	3		24
52. Obsessional Neurosis										1	1
53. Paranoia	2	1	2	2		7	2		1	1	18
54. Paresis	3	3	3	3	1	6	8	1	4	9	41
55. Psychasthenia			1			1					2
56. Psychoneurosis					1	1	1				3
57. Psychosis, Confusional						1	2	1	1		4
58. " Infection										1	1
59. " Puberty							1				1
60. " Senile									1		1
61. " Toxic									1		2
62. No Diagnoses given	7	10	4	3	6	4	7	4	8	6	59
63. Not Insane		1						1	1	2	5
Total	67	102	75	82	65	103	106	80	91	112	883

NOTE.—The Diagnosis as given on admission card is reproduced in this table without attempting to classify.

TABLE NO. 9.

SHOWING FORM OF MENTAL DISEASE IN FIRST ADMISSIONS TO INSTITUTIONS
FOR A PERIOD OF TEN MONTHS, FROM NOVEMBER 30, 1910, TO
SEPTEMBER 30, 1911.

	Dec.	Jan.	Feb.	March.	April.	May.	June.	July.	Aug.	Sept.	Total.
Alcoholic insanity, 1, 28, 29, 42...	10	7	7	10	13	10	4	8	15	14	98
Amentia, 2, 33, 57.....	3	2	1	2	...	...	4	2	1	...	15
Choreic insanity, 6.....	...	...	...	...	...	...	...	1	...	...	1
Dementia, praecox, 7, 10, 12, 30...	7	14	8	11	6	16	11	11	8	10	102
hebephrenic, 21, 59....	...	...	1	...	...	...	1	...	...	...	2
katatonic, 37.....	...	...	...	1	...	...	...	...	1	...	2
Depression, 14, 47, 48, 49.....	5	9	7	12	5	6	13	6	7	10	80
climacteric, 32, 50....	...	3	...	1	...	3	4	1	2	1	15
Epilepsy, 17, 27, 36.....	3	4	3	2	5	6	4	3	2	9	41
Excitement, 18, 44.....	1	4	5	3	1	3	3	6	3	1	30
chronic, 45.....	...	1	...	1	...	1	...	1	...	...	4
Hypochondriasm, 23.....	1	...	...	...	...	...	...	...	1	...	2
Hysteria, 25.....	2	2	2	...	2	...	1	3	...	6	18
Imbecility, 13, 20, 26.....	3	3	6	6	2	7	5	7	9	9	57
Infection, psychosis, 58.....	...	...	...	...	...	...	...	...	...	1	1
Manic, depressive, 24, 38.....	6	12	6	9	6	8	16	8	8	10	89
Neurasthenia, 39, 51.....	1	5	3	1	2	3	6	2	4	1	28
Organic brain disease, 3, 4, 8, 22, 31	3	4	1	3	3	6	4	1	3	3	31
Paranoic conditions, 34, 35, 53....	6	3	6	2	3	10	3	2	3	4	42
Paresis, 9, 54.....	3	3	3	3	1	6	8	3	4	9	43
Psychasthenia, 5, 52, 55, 56.....	...	1	1	...	1	2	1	...	...	1	7
Puerperal insanity, 40.....	...	1	...	...	1	2	1	...	...	1	6
Senile dementia, 11, 19, 46, 60....	4	8	9	7	6	7	6	6	10	8	71
Syphilitic insanity.....	...	...	...	...	...	...	...	...	...	...	...
Tabetic insanity, 43.....	...	...	...	...	...	...	...	1	...	...	1
Toxic insanity, 15, 16, 41, 61.....	2	5	2	5	2	3	4	3	2	5	33
Not insane, 63.....	...	1	...	...	...	...	...	1	1	2	5
No diagnoses given, 62.....	7	10	4	3	6	4	7	4	8	6	59
Total	67	102	75	82	65	103	106	80	91	112	883

NOTE.—Diagnoses classified according to groups, which form a tentative guide when reporting admissions. The numbers indicate the grouping from Table 8.

TABLE NO. 10.

SHOWING FORM OF MENTAL DISEASE IN SUBSEQUENT ADMISSIONS FOR A
PERIOD OF TEN MONTHS, FROM NOVEMBER 30, 1910, TO
SEPTEMBER 30, 1911.

	Dec.	Jan.	Feb.	March.	April.	May.	June.	July.	Aug.	Sept.	Total.
Alcoholism	5	7	4	3	5	2	8	10	6	12	62
Cerebral lues.....	1	...	...	...	...	1	...	...	...	...	2
Dementia, acute .....	...	...	...	1	...	...	...	...	...	...	1
organic	2	3	...	1	1	...	1	2	1	1	12
præcox	5	6	4	4	6	10	6	17	6	1	65
senile .....	...	1	1	...	...	1	...	...	2	1	6
simple .....	...	...	...	...	...	...	...	...	...	...	...
terminal	1	...	...	2	1	...	2	...	1	...	7
Defect, Congenital.....	...	...	...	...	...	...	...	1	...	...	1
Depression .....	...	...	...	1	...	...	...	...	1	...	2
Drugs .....	...	...	1	2	...	...	...	...	...	...	3
morpia	1	1	1	1	...	2	...	3	1	3	13
Feeble-mindedness .....	...	...	...	...	...	...	...	...	1	...	1
Hysteria .....	...	...	...	1	...	...	...	1	...	...	2
Idiocy .....	...	...	...	...	...	...	...	...	...	...	...
Imbecility	1	1	...	2	1	1	1	1	1	...	9
epileptic .....	...	...	...	...	...	...	...	2	...	1	3
Insanity, alcoholic .....	...	...	...	1	...	...	...	...	...	...	1
alcoholic, chronic.....	...	3	...	1	2	...	...	8	2	1	17
adolescent .....	...	...	...	...	...	1	...	...	...	...	1
climacteric .....	...	...	...	...	...	...	1	...	...	...	1
confusional .....	...	...	...	...	...	...	1	...	...	...	1
delusional	3	...	1	...	...	1	1	1	...	...	8
epileptic .....	...	1	1	...	1	...	5	1	...	1	10
manic-depressive	3	6	2	1	7	2	4	4	4	4	37
syphilitic .....	...	...	...	...	1	...	...	...	1	...	2
toxic .....	...	1	3	...	1	...	...	...	...	...	5
Mania, chronic.....	5	...	1	...	...	...	1	...	1	1	9
delusional	1	...	2	...	...	...	...	...	...	...	3
recurrent	1	...	...	...	1	1	1	2	1	1	8
religious .....	...	1	...	...	...	...	...	...	...	...	1
Melancholia .....	...	...	...	...	...	...	2	...	2	...	4
agitata .....	...	...	1	...	2	1	1	...	...	...	5
chronic .....	...	1	1	...	1	...	...	...	...	1	4
recurrent	1	1	...	...	1	2	...	...	...	1	6
senile .....	...	...	2	1	...	...	1	1	...	1	6
simple .....	...	4	...	1	...	...	...	...	...	...	5
involutional .....	...	...	1	...	...	...	...	...	...	...	1
Neurasthenia	2	1	...	...	...	...	1	2	1	1	8
Psychasthenia	1	...	2	...	...	...	...	...	2	...	5
Paranoia	3	1	...	1	2	...	2	...	3	1	13
Paresis .....	...	4	4	...	1	1	4	...	1	...	15
No diagnosis given.....	4	1	1	...	3	...	3	...	1	...	13
Total.....	40	44	33	24	37	26	46	56	39	33	378

TABLE NO. II.

SHOWING NUMBER OF FIRST ADMISSIONS TO THE VARIOUS INSTITUTIONS,
STATE, CORPORATE, AND PRIVATE AND COUNTY ASYLUMS, FOR A
PERIOD OF TEN MONTHS, FROM NOVEMBER 30, 1910,
TO SEPTEMBER 30, 1911.

Institutions.	Number admitted from November 30, 1910, to September 30, 1911.					Number of Insane admitted.	Number of Drug addictions admitted.	Number of Alcohol- ics admitted.	Number of Neuras- thenics admitted.	Number of Non- Insane admitted.
	White.		Colored.		Total.					
	Male.	Female.	Male.	Female.						
Maryland Hospital for the Insane.....	31	24	7	9	71	69	2	.....	.....	.....
Springfield State Hospital...	60	52	....	...	112	109	1	2	.....	.....
Maryland Asylum and Training School for the Feeble-minded.....	17	12	.....	.....	29	29	.....	.....	.....	.....
Mt. Hope Retreat.....	39	36	.....	.....	75	73	.....	1	1	.....
Sheppard and Enoch Pratt Hospital.....	54	66	.....	.....	120	102	1	3	12	2
The Richard Gundry Home.	47	27	.....	.....	74	38	11	23	1	1
The Gundry Sanitarium....	.....	24	.....	.....	24	16	.....	2	6	.....
The Relay Sanitarium.....	24	8	.....	.....	32	11	5	13	3	.....
Riggs Cottage.....	2	.....	.....	.....	2	2	.....	.....	.....	.....
The Laurel Sanitarium....	45	27	.....	.....	72	44	4	19	4	1
Patapsco Manor Sanitarium.	15	10	.....	.....	25	6	6	9	4	.....
Edgewood Sanitarium.....	4	11	.....	.....	15	12	.....	.....	.....	3
Gelston Heights.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Chestnut Lodge Sanitarium	6	4	.....	.....	10	4	1	1	4	.....
Bay View Asylum.....	80	42	20	23	165	164	.....	1	.....	.....
Montevue Asylum (Frederick Co.).....	2	1	23	15	41	41	.....	.....	.....	.....
Sylvan Retreat (Allegany Co.).....	3	4	1	....	8	7	.....	1	.....	.....
Cherry Hill Asylum (Cecil Co.).....	3	2	....	1	6	6	.....	.....	.....	.....
Bellevue Asylum (Washington Co.).....	2	.....	.....	.....	2	2	.....	.....	.....	.....
Total.....	434	350	51	48	883	735	31	75	35	7

TABLE NO. 12.

SHOWING NUMBER OF SUBSEQUENT ADMISSIONS TO THE VARIOUS INSTITUTIONS, STATE, CORPORATE, AND PRIVATE AND COUNTY ASYLUMS,
FOR A PERIOD OF EIGHT MONTHS, FROM JANUARY
30, 1911, TO SEPTEMBER 30, 1911.

Institutions.	Number Admitted from January 30, 1911, to September 30, 1911.					Number of Insane Admitted.	Number of Drug Addictions Admitted.	Number of Alcoholics Admitted.	Number of Neuras- thenics Admitted.	Number of Non-Insane Admitted.
	White.		Col'd.		Total.					
	Male.	Female.	Male.	Female.						
Maryland Hospital for the Insane	18	17	1	....	36	36				
Springfield State Hospital..	46	26			72	72				
Maryland Asylum and Training School for Feeble-minded	1	....			1	1				
Mount Hope Retreat.....	7	14			21	20	1			
Sheppard and Enoch Pratt Hospital	11	11			22	19			3	
Richard Gundry Home.....	18	7			25	4	6	14	1	
The Gundry Sanitarium.....		7			7	7				
Relay Sanitarium.....	12	3			15	4	3	8		
Riggs Cottage.....		1			1	1				
Laurel Sanitarium.....	27	7			34	13	4	16	1	
Patapsco Manor Sanitarium	12	5			17	4	2	11		
Edgewood Sanitarium.....	2	3			5	4		1		
Gelston Heights.....										
Chestnut Lodge Sanitarium	2				2				2	
Bay View Asylum.....	19	17	4	2	42	42				
Montevue Asylum.....	2			1	3	3				
Sylvan Retreat.....	3	2			5	5				
Cherry Hill Asylum.....		1			1	1				
Bellevue Asylum.....										
Total	180	121	5	3	309	236	16	50	7	....

TABLE NO. 13.

SHOWING NUMBER OF ADMISSIONS TO INSTITUTIONS FROM BALTIMORE CITY,
 ACCORDING TO WARDS, FOR A PERIOD OF TEN MONTHS, FROM
 NOVEMBER 30, 1910, TO SEPTEMBER 30, 1911.

Wards.	ADMITTED.					DISCHARGED.		
	White Insane.	Alcoholics.	Colored Insane.	First Admissions.	Subsequent Admissions.	White.	Alcoholics.	Colored.
First	18	1	..	19	..	6	1	..
Second	8	1	..	9	..	2	..	..
Third	12	..	..	11	1	3	..	..
Fourth	32	2	2	34	2	6	2	..
Fifth	16	2	4	22	..	2	2	1
Sixth	20	..	2	21	1	9	..	1
Seventh	10	..	1	10	1	3	..	1
Eighth	26	1	..	27	..	8	1	..
Ninth	22	..	..	21	1	8	..	..
Tenth	20	2	4	25	1	7	2	..
Eleventh	21	4	4	26	3	6	3	1
Twelfth	19	4	..	21	2	6	3	..
Thirteenth	23	2	..	23	2	9	2	..
Fourteenth	12	4	12	26	2	7	2	3
Fifteenth	18	5	7	28	2	3	5	1
Sixteenth	16	6	2	22	2	7	5	1
Seventeenth	8	1	11	20	..	3	..	6
Eighteenth	11	2	1	13	1	4	2	..
Nineteenth	17	1	..	18	..	9	1	..
Twentieth	12	1	..	12	1	4	1	..
Twenty-first	9	1	1	10	1	2	1	1
Twenty-second	6	..	4	9	1	3	..	1
Twenty-third	6	..	1	7	..	3	..	..
Twenty-fourth	11	..	1	12	..	..	..	1
Not located	18	..	..	18	..	9	..	..
	391	40	57	464	24	129	33	18

Total number received, 488.

Total number discharged, 180.

TABLE NO. 14.

SHOWING NUMBER OF ADMISSIONS TO INSTITUTIONS FROM THE VARIOUS
COUNTIES FOR A PERIOD OF TEN MONTHS, FROM NOVEMBER 30,
1910, TO SEPTEMBER 30, 1911.

	ADMITTED.					DISCHARGED.		
	White Insane.	Alcoholics	Colored Insane.	First Admissions.	Subsequent Admissions.	White.	Alcoholic.	Colored.
Allegany	19	2	1	22	....	7	2	....
Anne Arundel.....	11	1	8	20	....	4	1	....
Baltimore	59	6	8	72	1	21	6	3
Calvert	1	....	1	2	....	1	....	1
Caroline	2	....	1	3	....	....	....	....
Carroll	18	1	....	19	....	5	....	....
Cecil	13	....	1	14	....	4	....	1
Charles	9	....	6	15	....	....	....	....
Dorchester	12	....	1	13	....	3	....	....
Frederick	14	2	1	15	2	5	2	....
Garrett	6	1	....	7	....	1	1	....
Harford	11	3	7	20	1	3	2	1
Howard	8	3	3	13	1	3	2	....
Kent	4	1	1	6	....	2	....	....
Montgomery	10	2	5	14	3	5	....	1
Prince George's.....	10	6	3	18	1	4	5	1
Queen Anne's.....	7	....	2	9	....	1	....	....
Somerset	12	....	1	12	1	1	....	....
St. Mary's.....	8	....	3	11	....	2	....	....
Talbot	11	....	2	13	....	3	....	....
Washington	25	1	1	26	1	10	1	1
Wicomico	6	1	2	9	....	2	1	....
Worcester	7	....	2	9	....	5	....	....
	283	30	60	362	11	92	23	9

Total number received 373.

Total number discharged 124.